PIMS V. 5.3 ADT Module User Manual
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Overview

This menu contains those options related to the processing of patient applications for care. This includes creation and editing of patient records, assigning a sensitive security level to certain patient records in order to restrict user access, registration and disposition, determination of need for and performance of Means Tests and Copay Tests, and updating eligibility status on a patient.

Central to just about all functions in the ADT system is the creation of patient records in your computer. This will usually be accomplished through the Register A Patient option at the time a patient applies for care at your facility. If a patient is not applying for care, but you wish to enter them into your database, you should do so using the Load/Edit Patient Data option rather than Register A Patient.

The information necessary to create a patient's record is gathered and displayed via a series of formatted data screens. You will see these screens in several other registration-related options as well as Register A Patient and Load/Edit Patient Data. The information which is gathered on each patient depends upon their patient type assignment; i.e., non-service connected, service connected, employee, etc. There are a number of exported patient types, and your site also has the ability to enter its own. For each patient type various Registration Screens may be turned OFF and ON depending upon what information is needed for that particular patient type. You will find this more fully explained in the documentation pertaining to those options which utilize the screens.

The following menus/options are included in the Registration menu.

DISPOSITION AN APPLICATION
This option is used to enter the final outcome of a registration; i.e., whether the patient was admitted, scheduled for a return visit, treated with no further care necessary, etc.

PATIENT ENROLLMENT
This option is used to enroll patients that are eligible for care. This option is also used to cease enrollment, expand an enrollment history record, and update a patient's preferred facility.

10-10T REGISTRATION
This option collects data for the 10-10T, Application for Medical Benefits. The VA Form 10-10T collects the minimum amount of data required to begin the medical care process.

Overview

ADD/EDIT/DELETE CATASTROPHIC DISABILITY
This option is used to enter, edit, delete, and view a patient's catastrophic disability information.

COLLATERAL PATIENT REGISTER
This option is used to enter a collateral patient into the system. The patient selected cannot be a veteran.

COPAY EXEMPTION TEST USER MENU

ADD A COPAY EXEMPTION TEST
This option allows adding a new Copay Test into the system.

COPAY EXEMPT TEST NEEDING UPDATE AT NEXT APPT.
This option is used to generate a listing of future appointments listing Copay Exemption Tests which will require updating.

EDIT AN EXISTING COPAY EXEMPTION TEST
This option is used to make changes to data in existing Copay Tests.

LIST INCOMPLETE COPAY EXEMPTION TEST
This option is used to generate a listing of patients who have an incomplete Copay Test on file.

VIEW A PAST COPAY TEST
This option is used to view past Copay Test data.

DEATH ENTRY
This option is used to record a patient as having expired when they expire outside your facility.

DELETE A REGISTRATION
This option is used to delete a registration which has not been dispositioned.

DISPOSITION LOG EDIT
This option is used to edit information appearing on the Disposition Log for selected patients.

EDIT INCONSISTENT DATA FOR A PATIENT
This option is used to run the Consistency Checker for a selected patient, edit their inconsistent/unspecified data, and update the INCONSISTENT DATA file accordingly.

Overview

ELIGIBILITY INQUIRY FOR PATIENT BILLING
This option provides a quick reference to patient information used in determining appropriate patient billing.

ELIGIBILITY VERIFICATION
This option is used to enter/edit a patient's eligibility data as well as update their verification status without accessing their entire record.

ENTER/EDIT PATIENT SECURITY LEVEL
This option is used to restrict user access to computer records of certain patients by flagging them as sensitive. Access of such records is tracked and logged by the system.

LOAD/EDIT PATIENT DATA
This option is used to create and/or edit a patient record without generating a registration.

MEANS TEST USER MENU

  ADD A NEW MEANS TEST
  This option allows completion of Means Tests for patients in a REQUIRED status, not necessarily appearing on Means Test List. You must hold the DG MEANSTEST security key in order to use this option.

  ADJUDICATE A MEANS TEST
  This option allows entry of final outcome of Means Tests referred to Adjudication. You must hold the DG MEANSTEST security key in order to use this option.

  COMPLETE A REQUIRED MEANS TEST
  This option allows completion of Means Tests for patients in a REQUIRED status, whose names appear on the Means Test List.

  DOCUMENT COMMENTS ON A MEANS TEST
  This option is used to add/edit/delete free-text comments on a selected Means Test.

  EDIT AN EXISTING MEANS TEST
  This option is used to make changes to and/or view data in existing Means Tests. You must hold the DG MEANSTEST security key in order to use this option.

Overview

HARDSHIPS
This option allows the user to grant, edit, and delete hardships for the current
Means Test.

VIEW A PAST MEANS TEST
This option allows viewing of past Means Tests data.

PATIENT INQUIRY
This option displays current patient information including basic demographic
information, inpatient status, and future appointments.

PREREGISTRATION MENU

DISPLAY PREREGISTRATION CALL LIST
This option displays the Preregistration Call List in List Manager screen format.

OUTPUTS FOR PREREGISTRATION

CALLING STATISTICS REPORT
This option prints the Preregistration Call Statistics report which provides a
breakdown of the current entries in the PRE-REGISTRATION CALL LOG file
(#41.43).

PRE-REGISTRATION SOURCE REPORT
This option prints a report containing information on preregistration insurance
and billing policies.

PRINT PREREGISTRATION AUDITS
This option prints the audits pertaining to preregistration from the PATIENT
file (#2).

SUPERVISOR PREREGISTRATION MENU

ADD NEW APPOINTMENTS TO CALL LIST
This option lets you add patients to the Preregistration Call List based on
patient appointments on a user-specified search date.

CLEAR THE CALL LIST
This option deletes all entries in the PRE-REGISTRATION CALL LIST file
(#41.42) regardless of the call status.

Overview

PURGE CALL LOG
This option purges all entries prior to a user-specified date from the PRE-REGISTRATION CALL LOG file (#41.43).

PURGE CONTACTED PATIENTS
This option purges patients who have already been contacted from the Preregistration Call List.

PATIENT INQUIRY
This option displays registration information for a selected patient, including any preregistration items.

PREREGISTER A PATIENT
This option lets you preregister a selected patient through the use of the Load/Edit process without using the Preregistration Call List.

PRINT PATIENT WRISTBAND
This option is used to print a patient wristband with bar coded social security number.

REGISTER A PATIENT
This option is used to create and/or edit a patient record while generating a registration (Application for Care). This registration must subsequently be dispositioned.

VIEW REGISTRATION DATA
This option is used to view the data contained in a patient's record. Editing is not permitted through this option.

A Registration Supplement is provided giving examples of each of the registration screens and descriptions of the data elements which will be prompted for when using them.

Disposition an Application

Depending on the type of disposition selected, other PIMS functionality may be accessed (i.e., Make Appointment). Please refer to the appropriate option documentation, if necessary.

The eligibility code and period of service are now required before a registration can be dispositioned. These elements were previously checked for at registration.

Registrations (10-10 and unscheduled) must be checked out to complete the disposition. When the system attempts checkout, the appropriate service-connection and exposure questions for the selected patient are asked. Depending on how the disposition parameters are set in the Scheduling Parameters option and whether or not the checkout is complete, you may also be prompted through a checkout interview. Providers, diagnoses, procedure codes, and stop codes may be added, edited, or deleted for the selected application. Depending on how site parameters are set, these fields may be required to complete the checkout.

You also have the option to display the Check Out screen. The Check Out screen is displayed showing classification, provider, diagnosis, and associated stop code information with a list of actions for selection. Many of these actions automatically access other PIMS or Record Tracking functionality. Please refer to the appropriate option documentation, if necessary. Actions that appear in parentheses on this screen are not available through this option. Double question marks (??) may be entered to display additional screen actions. For assistance in using this screen, you may enter (??) at the "Select Action" prompt.

The validation logic performs the same validation checks as the Austin database to identify errors before they are transmitted. The validator (or edit checker) will review the entire encounter rather than stopping after the first error is found. You may be given the opportunity to correct these errors through this option.

The Veterans Healthcare Eligibility Reform Act of 1996, PL 104-262, prohibits providing care for veterans who are not enrolled after October 1, 1998 (with limited exceptions). The Disposition an Application option displays enrollment information and provides the ability to enroll the patient in the VA Patient Enrollment System.

Disposition an Application

A preliminary priority value is calculated on an initial enrollment application. If the preliminary priority is below the latest EGT setting, a preliminary Enrollment Category of "Not Enrolled" and a preliminary Enrollment Status of "Rejected - Initial Application by VAMC" shall be assigned. If the preliminary priority cannot be calculated or is calculated above the latest EGT setting, a preliminary Enrollment Category of "In Process" and a preliminary Enrollment Status of "Unverified" shall be assigned.

At verification, the HEC will recalculate these fields based on a Master Veteran Record containing all nationally available patient data.

Patient Enrollment

This option permits those patients that are eligible for care to be enrolled. It is also used to expand an enrollment history record and update a patient's preferred facility. The screens which may be displayed while utilizing this option are *Enrollment, Priority Factors,* and *Enrollment History*. Note that actions that appear on the screens enclosed in parentheses ( ) are not available for selection.

A preliminary priority value is calculated on an initial enrollment application. If the preliminary priority is below the latest EGT setting, a preliminary Enrollment Category of "Not Enrolled" and a preliminary Enrollment Status of "Rejected - Initial Application by VAMC" shall be assigned. If the preliminary priority cannot be calculated or is calculated above the latest EGT setting, a preliminary Enrollment Category of "In Process" and a preliminary Enrollment Status of "Unverified" shall be assigned. At verification, the HEC will recalculate these fields based on a Master Veteran Record containing all nationally available patient data.

The CE Cease Enrollment functionality in this option has been disabled. Veterans will now sign a form declaring their wish to cancel/decline which will then be faxed to the HEC for processing.

The following is a description of the actions available through this option.

Short Name	Full Name	Description
EP	Enroll Patient	Lets you enroll patients that are eligible for care but not previously enrolled.
PF	Preferred Facility	Lets you edit the treatment facility preferred by the patient.
EH	Expand History	Lets you scroll through the enrollment history screens. This action is only available if the selected patient is already enrolled.
SQ	Send Query	Lets you transmit an enrollment query. The software asks if you want to be notified when the query returns. The notification information is then displayed on the status bar.
CD	Catastrophic Disability	Works the same as the Add/Edit/Delete Catastrophic Disability menu option.
SP	Select Patient	Lets you select another patient without leaving the Patient Enrollment option.
AU	View Upload Audit	Displays fields in the PATIENT file (#2) that are changed when a transaction is uploaded from the HEC.

Patient Enrollment

Short Name	Full Name	Description
QS	Check Query Status	Lets you check the status of an outstanding enrollment/eligibility query. The status bar displays the status of the last enrollment/ eligibility query sent for the selected patient. If HEC has an enrollment record for the patient being enrolled, the reply will contain the patient's enrollment record. If HEC has eligibility data on file, that data will also be included in the query reply. The data will be automatically uploaded for all fields in the PATIENT ENROLLMENT file (#27.11) and to the following fields in the PATIENT file (#2) (unless a problem is detected).

Eligibility Status Date   Primary Eligibility Code
Eligibility Status   **Patient Eligibilities
Eligibility Verif. Method   P&T
Date of Death   Unemployable
Claim Number   Rated Incompetent?
Claim Folder Location*   Ineligible Date
POW Status Indicated?   Ineligible Reason
SC Award Date   Ineligible VARO Decision
Total Annual VA Check Amount   Eligible For Medicaid?
Veteran Y/N?   PREFERRED FACILITY
Service Connected?   Rated Disabilities (VA) multiple,
Service Connected Percentage   field .3721, multiple 2.04
Receiving a VA Pension?   **Rated Disabilities (VA)
Receiving A&A Benefits?   Disability %
Receiving Housebound   Service Connected
Benefits?   Catastrophic Disability
Receiving VA Disability?   Review Date
Disability Retirement From Mil.   Decided By
Agent Orange Expos. Indicated?   Facility Making Determination
Radiation Exposure Indicated?   Date Of Decision
Environmental Contaminants?

*Starred for deletion.
**Uploaded data will replace existing data

For information about how a veteran's priority is derived, please refer to the Enrollment Priority Algorithm portion of the ADTBE.pdf file. To upload patient demographic information, use the Demographics Upload option on the IVM Upload Menu. Refer to the IVM V. 2.0 User Manual for information about using this option, if necessary.

10-10T Registration

This option collects data for the VA Form 10-10T - Application for Medical Benefits. The 10-10T was designed to collect the minimum amount of patient information required to process a patient for medical care. The objective was to decrease the amount of time involved with the initial application for care. Use of the 10-10T as the default form for initial medical care applications and for mail-in applications has been mandated in VHA Directive 10-95-072.

If you select a patient who has been previously registered or for whom data has been entered previously through this option, the information on file will be displayed via a series of List Manager screens. You may select "interview" at any screen to edit all the data elements.

If you register the patient while utilizing this option, you may also be able to print the following forms: the Supplemental Data Sheet, the Patient Drug Profile, the 10/10, the 10/10I, the 10-10F, the Third Party Review Sheet, and Encounter Forms. Specific printers may be designated to automatically print most of these forms through the MAS Parameter Entry/Exit option. A YES entry at the "Ask Device in Registration" parameter will force the DEVICE prompt at the beginning of registration the first time through and set the 10/10, routing sheet, and drug profile printer to that device. This takes precedence over all devices defined as default printers or closest printer. If you do not register the patient, you will only be able to print the 10-10T form.

The Supplemental Data Sheet contains some of the same information found on the 10/10 (social security number, next of kin) along with clinic information including clinic enrollment and future appointments. This form will automatically be printed along with the 10/10 form if the MAS parameter "Supplemental 10/10" is set to YES.

The Patient Drug Profile lists the patient's prescriptions that are on file and any pending outpatient clinic appointments. You may choose to print an action or informational type drug profile. Whether or not the drug profile prompts appear in this option will depend on how the MAS parameter "Print Drug Profiles with 10-10" is set at your facility.

The 10/10 - Application for Medical Benefits is the basic form used to obtain all necessary information about a patient requesting medical care.

10-10T Registration

The 10/10F - Financial Worksheet provides financial information on the veteran for Means Test tracking purposes. It shows all assets including salaries, interest and dividends, stocks, bonds, real estate holdings, etc. The prompt to print this form will only appear if the patient has a completed Means Test.

The 10/10I - Insurance Information Form contains information concerning the veteran's private health insurance. The name, address, and telephone number of the patient's local insurance agent is provided. This information will be provided for each different health insurance the veteran has. The prompt to print this form will only appear if the patient has private medical insurance.

The Third Party Review Sheet is used in connection with veterans admitted to the hospital who have private medical insurance. The insurance data is not displayed on the form if the insurance has expired. The prompt to print this form will only appear if the patient has private medical insurance and past or scheduled admissions.

Whether or not the health summary prompts appear in this option will depend on your site running the Health Summary package V. 2.5 (Patch #3 or higher) and how the MAS health summary site specific parameters are set.

Whether or not the encounter form prompts appear in this option will depend on how the MAS encounter form site parameters are set at your facility.

You also have the ability to print patient data cards through this option. The "Ask EMBOSS at Registration" site parameter must be set to YES in order for the data card prompts to appear here. With the installation of the Veteran Identification Card (VIC) software, the prompt "Download VIC data?" appears which allows you to download the selected patient's demographic data to the photo capture station.

At multidivisional facilities, the primary facility will be listed on the forms.

At the beginning of the registration process, "Enrollment/Eligibility Query sent ..." displays on your screen to notify you that the software sent an enrollment query for the selected patient to the patient database at the Health Eligibility Center (HEC).

10-10T Registration

The Veterans Healthcare Eligibility Reform Act of 1996, PL 104-262, prohibits providing care for veterans who are not enrolled after October 1, 1998 (with limited exceptions). The 10-10T Registration option displays enrollment information and provides the ability to enroll the patient in the VA Patient Enrollment System.

A preliminary priority value is calculated on an initial enrollment application. If the preliminary priority is below the latest EGT setting, a preliminary Enrollment Category of "Not Enrolled" and a preliminary Enrollment Status of "Rejected - Initial Application by VAMC" shall be assigned. If the preliminary priority cannot be calculated or is calculated above the latest EGT setting, a preliminary Enrollment Category of "In Process" and a preliminary Enrollment Status of "Unverified" shall be assigned. At verification, the HEC will recalculate these fields based on a Master Veteran Record containing all nationally available patient data.

You will be prompted to indicate if treatment was related to Military Sexual Trauma (MST) only if the patient's MST status is YES.

Add/Edit/Delete Catastrophic Disability

The Add/Edit/Delete Catastrophic Disability option is used to enter, edit, delete, and view a patient's catastrophic disability information. When catastrophic disability information is entered for a patient, the patient is automatically given an eligibility code of Catastrophically Disabled.

Collateral Patient Register

This option is used to enter a collateral patient into your system. A collateral patient is a non-veteran patient whose appointment is related to or associated with a veteran's treatment. The patient selected must have an eligibility code of COLLATERAL OF VET and a period of service of OTHER NON-VETERAN.

You may enter new patients as collaterals or designate patients already in your database as collaterals. If you enter a patient already in your database, the system checks data in the patient's file to determine if he/she meets the conditions which qualify him/her as a collateral patient. If the requirements are not met, a message is displayed on your screen and you will not be permitted to proceed.

You may also use this option to edit information pertaining to a collateral patient. In these cases, the existing information will be shown as defaults.

Copay Exemption Test User Menu
Add a Copay Exemption Test

The Add a Copay Exemption Test option is used to enter a new Copay Test into the system. Only one date of test should exist for a patient annually. The following rules apply to adding a Copay Test.

- the date of test cannot be before 10/29/92
- the date of test cannot be before the last date of test
- a new date of test cannot be added if one exists in the last 365 days unless it is a new calendar year

The Copay Test information is based on the last calendar year and is entered through a series of screens. After editing, each screen is redisplayed with the new values. Based on the financial information entered and the income thresholds established, the system determines the appropriate Copay Test status for the patient.

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

Screen 1 - **Marital Status/Dependents** is used to enter data on the veteran's spouse and dependent children. Name, social security number, sex, and date of birth must be entered for the veteran's spouse and dependent children if it has not already been filled in through registration. This information is extremely important as it is critical in determining the annual income thresholds for the veteran.

Spouse and dependent children income collection is dependent on several factors. The spouse's income need only be entered if the spouse lived with the veteran last calendar year or, if they did not live together, the veteran contributed at least $600 to the spouse's support. Dependent children income is only required if the child had income which was available to the veteran last calendar year. The following is a brief explanation of some of the actions which may be taken.

Copay Exemption Test User Menu
Add a Copay Exemption Test

DD - In order to edit the dependent demographics, the selected dependent has to be active and associated with the Copay Test.

DP - Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be mainly used to delete duplicate dependents. In order to delete a dependent, they must be removed from every Copay Test (using the RE protocol).

CD - Copy Data can only be used if there is previous year income on file and no income on file for this year.

ED - Expand Dependent will move to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran).

Screen 2 - **Previous Calendar Year Gross Income** is used to enter income information such as military retirement, total employment income, and social security. Some fields may be filled in from information collected in registration. Depending on the information entered on Screen 1, this screen may appear with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/dependents). The required information will be prompted for each column shown. The item number(s) you select for editing may be preceded by V (veteran), S (spouse), or C (children) to select those specific fields; otherwise, the fields for all three will be displayed.

If the veteran declines to give income information, s/he is given a status of NON-EXEMPT and is NOT exempt from copay.

Screen 3 - **Deductible Expenses** is used to enter any medical, funeral/burial expenses, and children's educational expenses. A child's educational expenses can only be claimed if the child had total employment income.

You may choose to print the Financial Worksheet, VAF 10-10F, when the Copay Test is completed.

Access to this option is limited to holders of the DG MEANSTEST security key.

Copay Exemption Test User Menu
Copay Exempt Test Needing Update At Next Appt.

The Copay Exempt Test Needing Update At Next Appt. option is used to generate a listing of future appointments for a selected date range. The output will list copay exemption tests which will require updating by that appointment time.

You may select to report one/many/all divisions and one/many/all clinics. The output includes the date range, report run date, clinic name, and division. Patient name, patient ID, appointment date/time, Copay Test status, and date of last Copay Test are provided for each patient listed.

Copay Exemption Test User Menu
Edit an Existing Copay Exemption Test

The Edit an Existing Copay Exemption Test option is used to make changes to data in existing Copay Tests. It may also be used to complete Copay Tests on patients. Only the latest Copay Test may be edited.

The Edit a Copay Exemption Test option operates similarly to the Add a Copay Exemption Test option; however, it is the only option which allows changes to completed Copay Tests. After these changes are entered, the system redetermines the patient's Copay status and changes it, if necessary.

The date(s) and name(s) of individual(s) making changes is recorded by the system and may be seen through the View Copay Exemption Test Editing Activity option.

A patient may apply for a Copay Test under the following conditions.

- Applicant is a veteran
- Applicant's primary or other eligibility does NOT contain:
  - service connected 50% to 100% **or**
  - aid and attendance **or**
  - housebound **or**
  - VA pension
- Primary eligibility is NSC and a Means Test is not required
- Applicants who have answered NO to receiving A&A, HB, or pension
- Applicants who have previously qualified and applied for a Copay exemption, still qualify, and have NOT been Copay Tested in the past year

Should these criteria change, a Copay Test status of NO LONGER APPLICABLE will be assigned to the Copay Test. Tests with this status **cannot** be edited.

The following is a brief explanation of some of the actions which may be taken on Screen 1 - Marital Status/Dependents.

Copay Exemption Test User Menu
Edit an Existing Copay Exemption Test

DD - In order to edit the dependent demographics, the selected dependent has to be active and associated with the Copay Test.

DP - Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be mainly used to delete duplicate dependents. In order to delete a dependent, they must be removed from every Copay Test (using the RE protocol).

CD - Copy Data can only be used if there is previous year income on file and no income on file for this year.

ED - Expand Dependent will move to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran).

Depending on the information entered on Screen 1, Screen 2 may appear with one column - veteran; two columns - veteran/spouse; or three columns - veteran/spouse/dependents. The required information will be prompted for each column shown. The item number(s) you select for editing may be preceded by V (veteran), S (spouse), or C (children) to select those specific fields; otherwise, the fields for all three will be displayed.

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

You may print the VAF 10-10F, Financial Worksheet, when the Copay Test is complete.

Access to this option is limited to holders of the DG MEANSTEST security key.

Copay Exemption Test User Menu
List Incomplete Copay Exemption Test

The List Incomplete Copay Exemption Test option is used to generate a listing of patients who have an incomplete Copay Test on file. The patient name, patient ID number, source of test, and date of test are provided. The patients are listed in alphabetical order on the output.

You will be prompted for the Copay Test status, a date range, and a device.

Copay Exemption Test User Menu
View a Past Copay Test

The View a Past Copay Test option is used to view past Copay Tests data. The option does not allow editing. You will be prompted for the patient's name and the date of the Copay Test you wish to view. A question mark (?) entered at the date prompt will provide you with a list of the selected patient's Copay Test dates.

If certain circumstances exist for the selected patient, messages may be displayed. A message will be printed if no detailed income information is on file for the veteran, or if the veteran's Copay Test status is NO LONGER APPLICABLE. Since income data can be entered/edited through registration, once a Copay Test has this status, the income data being viewed may differ from that originally entered as part of the Copay Test.

You will be able to view the following three Copay Test screens through this option.

Screen 1 - Marital Status/Dependents
Screen 2 - Previous Calendar Year Gross Income
Screen 3 - Deductible Expenses

Death Entry

The Death Entry function is used to enter or edit the DATE OF DEATH field for a patient record if the death occurred while the patient was not an inpatient at your medical center. If an attempt to enter an inpatient is made, you will be prompted to discharge the patient through the Bed Control Menu. You must hold the DG DETAIL security key in order to access this option.

Once a date of death has been entered into the system, the message "[PATIENT DIED ON {date}] PATIENT HAS DIED" will be displayed whenever the patient's name is entered through other options.

Entry of a date of death through this option causes a MailMan message to be sent to the mail group specified through the Bulletin Selection option. This message will notify the recipients of future clinic appointments and/or scheduled admissions the patient may have had. Future admissions will automatically be cancelled but clinic appointments must be cancelled through the appropriate Scheduling option.

Delete a Registration

The Delete a Registration option is used to delete patient registrations that have not been dispositioned.

When a registration is deleted using this option, all information on the selected patient remains on file. The system only removes record of the patient being registered on that particular date.

You may enter double question marks (??) at the "PATIENT NAME" prompt to obtain a list of patients with open registrations. Once the patient name is entered, information concerning the undispositioned registration is displayed.

Disposition Log Edit

The Disposition Log Edit option is used to edit the disposition record of a patient registration.

The system displays each data field of the disposition record for editing. The values that were entered at the time of registration and disposition will appear as defaults. You may accept the default or enter new information. Based on the information entered/edited through this option, the system will recategorize the registration in the appropriate AMIS 401-420 segment.

An UNSCHEDULED (1010) VISIT OE/RR NOTIFICATION may be displayed with V. 2.5 of Order Entry/Results Reporting. The disposition must have a change in status from APPOINTMENT W/O EXAM to 10/10 or UNSCHEDULED in order for a notification to be displayed. The notification will only be displayed for patients who are defined in an OE/RR LIST entry and will only be displayed to users defined in that list entry. Please refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

You also have the option to display the Check Out screen. The Check Out screen is displayed showing classification, provider, diagnosis, and associated stop code information with a list of actions for selection. Many of these actions automatically access other PIMS or Record Tracking options. The appropriate option documentation is referenced in the process chart. Actions that appear in parentheses are not available through this option. <??> may be entered to display additional screen actions. For assistance in using this screen, you may enter <??> at the "Select Action" prompt.

The validation logic performs the same validation checks as the Austin database to identify errors before they are transmitted. The validator (or edit checker) will review the entire encounter rather than stopping after the first error is found. You may be given the opportunity to correct these errors through this option.

You will be prompted to indicate if treatment was related to Military Sexual Trauma (MST) only if the patient's MST Status is YES.

Edit Inconsistent Data for a Patient

This option is used to edit data for patients who have been identified as having missing/inconsistent data in their files through the use of the Consistency Checker. The data items will be displayed for updating. If you do not hold the DG ELIGIBILITY security key, you will not be able to edit certain data items. Those items will appear followed by an asterisk(*). Items which are displayed with two asterisks (**) can only be updated using the appropriate PIMS menu options. When updating is complete, the system will again search the patient's file for any remaining inconsistent/unspecified data items.

The Consistency Checker feature provides a method of better assuring accuracy of the data contained in patients' records. It will look at data items to assure entries are consistent with entries in other data fields (i.e., the entry in the DID YOU SERVE IN VIETNAM field is consistent with the EXPOSED TO AGENT ORANGE field). It will also check certain data items to be sure they have not been left blank. Your site may choose whether or not to use this feature by setting the CONSISTENCY CHECKER field in the MAS Parameter Entry/Edit option. Further, your site may specify from a list of data items, those which it wishes the Consistency Checker to check. Some items, however, are automatically set by the PIMS software to be checked/not checked. Specifying the data elements is accomplished through the Determine Inconsistencies to Check/Don't Check option. If your site has the Consistency Checker turned OFF, you will not be able to fully utilize this option.

Each of the inconsistent/unspecified data elements will be prompted for updating. Please refer to the Registration Supplement if you need assistance in answering these prompts. At the conclusion of updating, the consistency checker will run once again to check for any remaining inconsistent/unspecified data elements.

The Consistency Checker places the names of those patients whose records contain inconsistent/unspecified data in the INCONSISTENT DATA file (#38.5). When the data is corrected through this option, the names are automatically removed from the file. Names contained in this file will appear on the Inconsistent Data Elements Report.

Edit Inconsistent Data for a Patient

Although the process of updating the INCONSISTENT DATA file is automatic when using this option, it is not automatic when data is entered/edited through other PIMS options (except options which utilize the load/edit registration screens). Three options found on the Inconsistency Supervisor Menu of the Supervisor ADT menu are dedicated to keeping the INCONSISTENT DATA file up to date for such records. It is important to note that entries in the INCONSISTENT DATA file may not be accurate. Inconsistent data can be updated through options which do not involve the Consistency Checker (i.e., FileMan). By using the options available on the Inconsistency Supervisor Menu, the INCONSISTENT DATA file can be kept up to date.

Whenever inconsistent/unspecified data items remain in a patient's file, either by selecting not to edit it or not holding the DG ELIGIBILITY key, a MailMan message will be generated. This message will be sent to the Inconsistency Edit mail group specified through the Bulletin Selection option. There are three possible messages which may be sent; an initial message when inconsistencies are first found, a reminder message if inconsistencies were reported more than seven days ago and some remain unresolved, and an updated message if inconsistencies have previously been reported (and not updated) and additional inconsistencies have been found. If an initial MailMan message has been sent within the past seven days and no new inconsistencies have been found, no MailMan message will be sent.

Eligibility Inquiry for Patient Billing

The Eligibility Inquiry for Patient Billing option provides a quick reference to patient information used in determining appropriate patient billing. The output may display the following elements, where applicable.

- Means Test - status and date last Means Test performed
- health insurance - insurance company, policy number, group number, holder
- agent orange and ionizing radiation exposure
- Medicaid eligibility
- primary and other eligibility codes
- service-connected percentage
- rated disabilities

Once the patient name is entered, the output is automatically displayed.

Eligibility Verification

The Eligibility Verification option is used to enter/edit/verify data pertaining to a patient's rated disabilities and service record. It allows for entry, edit, and viewing of the following registration screens, as applicable, according to site parameters set up by PATIENT TYPE.

PATIENT DEMOGRAPHIC DATA - 1
PATIENT DATA - 2
MILITARY SERVICE DATA - 6
ELIGIBILITY STATUS DATA - 7
FAMILY DEMOGRAPHIC DATA - 8
INCOME SCREENING DATA - 9
INELIGIBLE/MISSING DATA - 10
ELIGIBILITY VERIFICATION DATA - 11

Entry/edit of most of the data in this option is restricted to holders of the DG ELIGIBILITY security key once eligibility has been verified. Until it has been verified, it may be entered/edited by any user; after verification, all users may view but only those with the security key may edit. Verification of data takes place through the ELIGIBILITY VERIFICATION DATA (Screen 11) and must be accomplished by a holder of the DG ELIGIBILITY security key.

This option works in the same manner as the Register a Patient and Load/Edit Patient Data options. A patient name is entered, and the various screens appropriate for that patient are presented. Registration screens 1, 2, and 7 will always be displayed. The display of screens 6, and 8 through 11 will vary depending on PATIENT TYPE. This is due to your site's ability to turn these screens OFF and ON during the registration process depending upon whether the information collected through them is pertinent to the PATIENT TYPE. If necessary, you may refer to the Registration Supplement for further explanation of this function.

You may edit the data shown on the screens by selecting the number(s) of the data group(s) you wish to edit; move to another screen by entering up-arrow screen number <^#> to specify the screen; move to the next screen by entering a <RET>; or quit by entering an up-arrow <^>. Should you select to enter/edit data, each appropriate field of the data group selected will be prompted. Any previously entered data will be shown as a default. When editing is complete, the screen will be redisplayed with the newly entered data shown.

Eligibility Verification

If your site has the Consistency Checker function turned ON, the system will perform a check for inconsistent/unspecified data elements at the conclusion of the verification process. If any inconsistent/unspecified data elements are found, you will be given the opportunity to make the necessary corrections. If the Consistency Checker is not turned ON, the message "CONSISTENCY CHECKER TURNED OFF!!" will appear at the conclusion of the process.

Enter/Edit Patient Security Level

The Enter/Edit Patient Security Level option is used to assign/remove a level of sensitivity to a patient record. Use of this option enters the patient into the DG SECURITY LOG file. Any access of a sensitive patient record is tracked in this file. The DG SECURITY LOG file also contains the name of the person who assigned the security and when the security was assigned.

With the initialization of ADT V. 3.6, all existing patients with an eligibility code of EMPLOYEE were automatically entered into the security log as sensitive by the system. This is not automatic for employee patients subsequently entered into the system.

Accessing a sensitive patient record can trigger different messages and bulletins to be sent.

Only holders of the DG SENSITIVITY security key may access this option.

Load/Edit Patient Data

The Load/Edit Patient Data option is used to enter, edit, and view information contained in a patient's record without making a registration entry in the Disposition Log or creating a 10/10 Form (Application for Care). You may also make HINQ inquiries and print patient data cards. New patient records may be entered into the system or the records of existing patients may be edited. You may wish to use it to enter new patients into your database for whom applicable information has been mailed to your facility for actual registration at a future date.

Entry/edit of a patient's record is done via a series of formatted data screens. There are a total of fifteen screens distributed with the PIMS Package. Screens 12-14 are informational only. The enter/edit process will not be the same for every patient, nor for every user due to several variables which exist in the system. Your site has the ability to create its own additional screen in order to capture certain information it may need or to capture information in a different format. It has the ability to turn certain data screens ON and OFF according to Patient Type. Within the screens, it may specify which data groups may be entered/edited. The DG ELIGIBILITY security key also plays a role in your ability to enter/edit data. Depending upon whether eligibility has been verified, certain information may only be edited by a user holding this security key.

The HIGH INTENSITY field in the MAS Parameters has been provided to assist you in the identification of those fields which may/may not be edited. If this field has been set to YES at your facility, the number next to those data groups which may be edited will be in boldface type; those which are uneditable will not (excluding Screen 8). For those sites not using High Intensity, numbers of data groups which may be edited will be enclosed in [ ]s, while those which are uneditable will be enclosed in < >s (excluding Screen 8). The Registration Supplement provides an example of each data screen and a description of each associated field. Please refer to this Supplement when entering or editing patient information.

If your site has the Consistency Checker function turned ON, the system will perform a check for inconsistent/unspecified data elements at the conclusion of the entry/edit process. If any inconsistent/unspecified data elements are found, you will be given the opportunity to make the necessary corrections.

The system will also determine a patient's need for Means Testing and Copay Testing and, if necessary, allow you to complete the required test. For the Copay Test, the veteran has to request the test be completed. For instructions on Means Test, see the Add a New Means Test or Complete a Required Means Test options. For instructions on Copay Test, see the Add a New Copay Test option.

Load/Edit Patient Data

Screen 8 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items. The following is a brief explanation of some of the actions listed on this screen.

DD - In order to edit the dependent demographics, the selected dependent has to be active.

DP - Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be mainly used to delete duplicate dependents. In order to delete a dependent, they must be removed from every Means Test.

CD - Used to copy the previous year's income and dependent information. Copy Data can only be used if there is previous year income on file and no income on file for this year.

ED - Expand Dependent will move to another screen. It is used to edit the effective date (date the person became a dependent of the veteran).

MT - Used to enter/edit last year's marital status for the veteran.

AD - This protocol is not selectable from the registration screens.

RE - This protocol is not selectable from the registration screens.

With the installation of the Veteran Identification Card (VIC) software, the prompt "Download VIC data?" has been added which allows you to download the selected patient's demographic data to the photo capture station. The existing "EMBOSS DATA CARD?" prompt has been changed to "EMBOSS (OLD) DATA CARD?".

Catastrophically Disabled Review Date displays after patient demographic and eligibility data.

A query is automatically sent to the Health Eligibility Center (HEC) when this option is utilized. This query will determine if a Means Test or Copay Exemption Test (with Income Screening information) has been completed for the veteran for a specified income year. The HEC will process the query, and if there is a completed Means Test or Copay Exemption Test (with Income Screening information), the HEC will transmit the Primary test and any Hardship determinations to the VAMC that sent the query.

Means Test User Menu
Add a New Means Test

The Add a New Means Test option is used to enter a new Means Tests into the system. Only one date of test should exist for a patient annually. The following rules apply to adding a Means Test.

- the date of test cannot be before 7/1/86
- the date of test cannot be before the last date of test
- a new date of test cannot be added if one exists in the last 365 days unless it is a new calendar year

The Means Test information is based on the last calendar year and is entered through a series of screens. Based on the financial information entered and the income thresholds established, the system determines the appropriate Means Test category for the patient. If it is necessary to refer the case to adjudication, the system will prompt "Do you wish to send this case to adjudication?". If YES is entered, the veteran will be placed in Category C until determination is returned from adjudication. If NO is entered, the system makes the final determination that the veteran is Category C.

If the veteran's Means Test status is PENDING ADJUDICATION, he/she is tentatively placed in Category C and must agree to pay the deductible. If the veteran does not agree to pay the deductible, a message is printed in the signature block for the deductible on the 10-10F form.

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

Screen 1 - Marital Status/Dependents is used to enter data on the veteran's spouse and dependent children. Name, social security number, sex, and date of birth must be entered for the veteran's spouse and dependent children if it has not already been filled in through registration. This information is extremely important as it is critical in determining the annual income thresholds for the veteran.

Means Test User Menu
Add a New Means Test

Spouse and dependent children income collection is dependent on several factors. The spouse's income need only be entered if the spouse lived with the veteran last calendar year or, if they did not live together, the veteran contributed at least $600 to the spouse's support. Dependent children income is only required if the child had income which was available to the veteran last calendar year. The following is a brief explanation of some of the actions which may be taken.

DD - In order to edit the dependent demographics, the selected dependent has to be active and associated with the Means Test.

DP - Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be mainly used to delete duplicate dependents. In order to delete a dependent, they must be removed from every Means Test (using the RE protocol).

CD - Copy Data can only be used if there is previous year income on file and no income on file for this year.

ED - Expand Dependent will move to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran).

Screen 2 - **Previous Calendar Year Gross Income** is used to enter income information such as military retirement, total employment income, and social security. Some fields may be filled in from information collected in registration. Depending on the information entered on Screen 1, this screen may appear with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/dependents). The required information will be prompted for each column shown. The item number(s) you select for editing may be preceded by V (veteran), S (spouse), or C (children) to select those specific fields; otherwise, the fields for all three will be displayed.

Screen 3 - **Deductible Expenses** is used to enter any medical, funeral/burial expenses, and children's educational expenses. A child's educational expenses can only be claimed if the child had total employment income.

Means Test User Menu
Add a New Means Test

Screen 4 - **Previous Calendar Year Net Worth** is used to enter such information as stocks and bonds, real property, bank accounts, and debts. Depending on the information entered on Screen 1, this screen may appear with one column (veteran) or two columns (veteran/spouse). The item number(s) you select for editing may be preceded by V (veteran) or S (spouse) to select those specific fields; otherwise, the fields for both will be displayed. The required information will be prompted for each column shown.

When adding a Means Test, completion of the test is optional; however, the marital and dependent children sections must be completed in order to complete the Means Test. For Category A veterans, the net worth must also be entered. If you choose not to complete the Means Test, it may be completed later through either the Complete a Required Means Test or Edit an Existing Means Test options.

You may choose to print the Financial Worksheet (VAF 10-10F) when the Means Test is completed or print the prior Means Test (if one exists) at the beginning of the option.

Access to this option is limited to holders of the DG MEANSTEST security key.

Means Test User Menu
Adjudicate a Means Test

The Adjudicate a Means Test option is used to enter the patient's Means Test category into the system when the determination is returned from Adjudication. Only patients who currently have the Means Test status of PENDING ADJUDICATION may be selected.

A patient's Means Test may be referred to Adjudication for Means Test Category determination when income alone places the veteran in Category A, but income plus net worth (property) is equal to or greater than the allowable threshold.

If a change is made which involves the Category C Means Test status, a bulletin may be generated informing the user and advising review of the Category C charges for the selected patient.

Access to this option is limited to holders of the DG MEANSTEST security key.

**Means Test User Menu
Complete a Required Means Test**

The Complete a Required Means Test option is used to complete Means Tests generated through registration or by other circumstances. Only Means Test records with a status of REQUIRED may be completed.

The Means Test information is based on the last calendar year and is entered through a series of screens. Based on the financial information entered and the income thresholds established, the system determines the appropriate Means Test category for the patient. If it is necessary to refer the case to adjudication, the system will prompt "Do you wish to send this case to adjudication?". If YES is entered, the veteran will be placed in Category C until determination is returned from adjudication. If NO is entered, the system makes the final determination that the veteran is Category C.

If the veteran's Means Test status is PENDING ADJUDICATION, he/she is tentatively placed in Category C and must agree to pay the deductible. If the veteran does not agree to pay the deductible, a message is printed in the signature block for the deductible on the 10-10F.

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

Screen 1 - **Marital Status/Dependents** is used to enter data on the veteran's spouse and dependent children. Name, social security number, sex, and date of birth must be entered for the veteran's spouse and dependent children if it has not already been filled in through registration. This information is extremely important as it is critical in determining the annual income thresholds for the veteran.

Spouse and dependent children income collection is dependent on several factors. The spouse's income need only be entered if the spouse lived with the veteran during the last calendar year or, if they did not live together, the veteran contributed at least $600 to the spouse's support. Dependent children income is only required if the child had income which was available to the veteran last calendar year. The following is a brief explanation of some of the actions which may be taken.

Means Test User Menu
Complete a Required Means Test

DD - In order to edit the dependent demographics, the selected dependent has to be active and associated with the Means Test.

DP - Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be mainly used to delete duplicate dependents. In order to delete a dependent, they must be removed from every Means Test (using the RE protocol).

CD - Copy Data can only be used if there is previous year income on file and no income on file for this year.

ED - Expand Dependent will move to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran).

Screen 2 - **Previous Calendar Year Gross Income** is used to enter income information such as military retirement, total employment income, and social security. Some fields may be filled in from the information collected in registration. Depending on the information entered on Screen 1, this screen may appear with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/dependents). The item number(s) you select for editing may be preceded by V (veteran), S (spouse), or C (children) to select those specific fields; otherwise, the fields for all three will be displayed. The required information will be prompted for each column shown.

Screen 3 - **Deductible Expenses** is used to enter any medical, funeral/burial expenses, and children's educational expenses. A child's educational expenses can only be claimed if the child had total employment income available.

Screen 4 - **Previous Calendar Year Net Worth** is used to enter such information as stocks and bonds, real property, bank accounts, and debts. Depending on the information entered on Screen 1, this screen may appear with one column (veteran) or two columns (veteran/spouse). The item number(s) you select for editing may be preceded by V (veteran) or S (spouse) to select those specific fields; otherwise, the fields for both will be displayed. The required information will be prompted for each column shown.

Completion of the Means Test through this option is mandatory. The Means Test status will automatically be updated once editing is complete.

You may choose to print the VAF 10-10F, Financial Worksheet, when the Means Test is completed.

Means Test User Menu
Document Comments on a Means Test

The Document Comments on a Means Test option is used to add/edit/delete comments to an existing Means Test. This allows the user to enter any pertinent information concerning the selected Means Test such as efforts made to obtain Means Test information.

You will be prompted for the patient name and the Means Test date. The latest Means Test date will appear as the default. A question mark (?) may be entered to obtain a list of Means Test dates for that patient. Comments may then be added through a word-processing field. Existing comments can be edited or deleted.

Means Test User Menu
Edit an Existing Means Test

The Edit an Existing Means Test option is used to make changes to data in existing Means Tests. It may also be used to complete Means Tests on patients identified through Registration as requiring Means Testing. Only the latest Means Test may be edited. A Means Test that has been verified by the Income Verification Match (IVM) Center and its corresponding original VAMC Means Test are both uneditable. If you choose such a Means Test, the system will display a message containing this information. However, this option will let you view or print such a test.

The Edit an Existing Means Test option operates similarly to the Add a New Means Test and Complete a Required Means Test options; however, it is the only option which allows changes to completed Means Tests. After these changes are entered, the system redetermines the patient's Means Test category and changes it, if necessary. If additional information is needed to make a determination or if it is necessary to refer the case to adjudication, the system prompts accordingly.

The date(s) and name(s) of individual(s) making changes is recorded by the system and may be seen through the View Means Test Editing Activity option.

A Means Test is required under the following conditions.

- primary eligibility is NSC or 0% service-connected non-compensable
- does not receive disability retirement from the military
- is not eligible for Medicaid
- is not on a domiciliary ward
- has not been Means Tested in the past year

Should these criteria change (excluding the last two), a Means Test status of NO LONGER REQUIRED will be assigned to the Means Test. Tests with this status cannot be edited.

Depending on the information entered on Screen 1, Screen 2 may appear with one column - veteran; two columns - veteran/spouse; or three columns - veteran/spouse/dependents. The item number(s) you select for editing may be preceded by V (veteran), S (spouse), or C (children) to select those specific fields; otherwise, the fields for all three will be displayed.

Means Test User Menu
Edit an Existing Means Test

Screen 4 may appear with one or two columns. The item number(s) you select for editing may be preceded by V (veteran) or S (spouse) to select those specific fields; otherwise, the fields for both will be displayed. The required information will be prompted for each column shown.

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

You may print the VAF 10-10F, Financial Worksheet, when the Means Test is complete.

Access to this option is limited to holders of the DG MEANSTEST security key.

Means Test User Menu
Hardships

This option replaces the Change a Patient's Means Test Category option. It allows the user to grant, edit, and delete hardships for the current Means Test.

Hardship Determinations continue to be the responsibility of the VAMCs; however, they will be sent to the HEC and distributed nationally along with the Primary Means Test to all VAMCs that the veteran has visited. Once granted, a Hardship is in effect until a new Means Test is required. The VAMC that granted the hardship will retain the original Means Test Status when the status changes. For example, if a Hardship determination changes the original status from Category C to Category A, the new status (A) is stored as the Means Test status. The original status (Category C) is then stored as Test Determined Status.

The Hardship Determinations screen provides the following List Manager actions.

Grant Hardship
Allows you to grant hardships for current Means Tests for the selected patient. Prompts for Hardship Effective Date and Hardship Review Date. Once granted, a hardship remains in effect until a new Means Test is required.
Edit Hardship
Allows you to edit hardships for current Means Tests for the selected patient. Prompts for Hardship Effective Date and Hardship Review Date. Only the VAMC that determines the hardship can edit or delete it.
Delete Hardship
Allows you to delete hardships for current Means Tests for the selected patient. Only the VAMC that determines the hardship can edit or delete it. When a hardship is deleted, no record of it is retained in the database.
Edit Comments
Allows you to add, edit, and delete comments related to hardships for current Means Tests for the selected patient.

Access to this option is limited to holders of the DG MEANSTEST security key.

Means Test User Menu
View a Past Means Test

The View a Past Means Test option is used to view past Means Tests data. The option does not allow editing. You will be prompted for the patient's name and the date of the Means Test you wish to view. Double question marks (??) entered at the date prompt will provide you with a list of the patient's Means Test dates from which to choose.

If certain circumstances exist for the selected patient, messages may be displayed. A message will be printed if no detailed income information is on file for the veteran, or if the veteran's Means Test status is NO LONGER REQUIRED. Since income data can be entered/edited through registration, once a Means Test has this status, the income data being viewed may differ from that originally entered as part of the Means Test.

You will be able to view the following four Means Test screens through this option.

Screen 1   Marital Status/Dependents
Screen 2   Previous Calendar Year Gross Income
Screen 3   Deductible Expenses
Screen 4   Previous Calendar Year Net Worth

The option may display the dependent totals not converted. Totals not converted will only be displayed under the following conditions.

- Converted totals exist and Means Test income is 0 or greater
- For a spouse - the veteran is married but detailed income information is not available
- For dependent children - the veteran has dependent children but detailed income information is not available

In other words, the Means Test has not been edited under the new 1010F rules with spouse or dependent children information added.

Patient Inquiry

The Patient Inquiry function is used to view demographic, primary care, enrollment information etc. for a selected patient. A full or abbreviated inquiry may be displayed depending upon how the PIMS parameter, ABBREVIATED INQUIRY, is set at your facility.

Editing of the information is not allowed through this option.

Preregistration Menu
Display Preregistration Call List

This option displays the Preregistration Call List in List Manager screen format. This is a list of the patients to be contacted before their clinic appointments for the purpose of updating their patient information. The information displayed might vary depending on how certain parameters in the MAS PARAMETERS file (#43) (e.g., Multidivisional, Sort Method, etc.) are set at your facility. (Use the MAS Parameter Entry/Edit option to set the applicable parameters for your facility.)

This option is locked with the DGPRE EDIT security key.

In addition to PATIENT NAME, PHONE, and SSN, the following columns are displayed in the Preregistration Call List:

HIST   Provides a history of whether or not the patient has been contacted successfully by telephone. (Enter ? at the "STATUS OF CALL: CONNECTED//" prompt for a list of acceptable codes.) The codes for as many as the last four calls are displayed.

SVC   Indicates the hospital service (e.g., Medicine, Surgery, Psychiatry, etc.) associated with the clinic in which the patient has an appointment.

STAMP   Contains the date/time on which the patient information was last updated in the Load/Edit screens through the use of the various preregistration options. The date/time is displayed in this column only if you answered YES to the "Date/Time stamp this patient? YES//" prompt.

DIVISION   Contains the name of the division associated with the patient's clinic appointment. The division name will be displayed only if the Multidivisional parameter is set to YES. This column is not visible on the initial Preregistration Call List screen. If greater than signs (>>>) appear on the status bar, you can scroll to the right of the screen using your right arrow key (→) to view this column.

Preregistration Menu
Display Preregistration Call List

The following user actions are available at the bottom of the screen.

CP   Call Patient - Lets you edit patient information via Load/Edit Screens 1 through 5 and enter the call status for a selected patient. (If you need assistance with editing the information on these screens, please refer to the user documentation for the Load/Edit Patient Data option.) You also have the option to apply a date/time stamp to the selected patient before returning to the Preregistration Call List screen. This action works the same as the Preregister a Patient menu option.

EH   Edit History - Lets you edit information pertaining to whether or not the patient was successfully contacted by telephone and edit the call status. You can use this action to change, but not delete, log entries. *Please note: You can only use this action after using the CP action.*

XH   Expand History - Displays information pertaining to the calling history for a selected patient, including the date and time of the call, name of the person who made the call, and call status. *Please note: You can only use this action after using the CP action.*

IN   Patient Inquiry - Lets you enter an inquiry for a selected patient without leaving the Preregistration Call List screen. Works the same as the Patient Inquiry menu option.

Preregistration Menu
Outputs for Preregistration
Calling Statistics Report

This option generates the Preregistration Call Statistics report which provides a breakdown of the current entries in the PRE-REGISTRATION CALL LOG file (#41.43) by call status. The prompts ask for beginning and ending dates and a device if the Multidivisional parameter in the MAS PARAMETERS file (#43) is set to NO. (Use the MAS Parameter Entry/Edit option to set this parameter.)

If the Multidivisional parameter is set to YES, the "Select division: ALL//" prompt will also appear. If you accept the ALL default, the next prompt will ask for a device. If you select a specific division, the "Select another division:" prompt will appear and will repeat after your entry, allowing you to select multiple divisions (up to a maximum of 20). Press <RET> to indicate that you are finished making your selections and proceed to the "DEVICE: HOME//" prompt.

Before using this option, multidivisional facilities should ensure that each clinic has an associated division. (You can do this by entering a division name at the "DIVISION:" prompt while using the Set up a Clinic option in the Scheduling Supervisor Menu.)

This option uses NO DIVISION SPECIFIED as a sort value. If you accept the ALL default at the "Select division: ALL//" prompt, the output will show NO DIVISION SPECIFIED as the division name for statistics whose clinics are NOT associated with a division.

Preregistration Menu
Outputs for Preregistration
Pre-Registration Source Report

This option prints the Pre-Registration Source Report which lists the following information for a user-specified date range:

- Patient insurance policies that were added using the preregistration options and have a source of information equal to PRE-REGISTRATION (on Screen 5 of the Load/Edit Patient Data option).
- Inpatient and outpatient bills generated during the user-specified date range based on preregistration insurance policies and payments collected during the user-specified date range against those bills. Please note that bills and payments listed in the report could be against preregistration policies that were added outside of the user-specified date range.

The output generated by this option will vary depending on which of the following report formats you select at the "Type of report to print: summary//" prompt.

Detailed	- Provides detailed information for the following activities during the user-specified date range: - Patient insurance policies added through preregistration options - Inpatient bills entered against preregistration policies - Inpatient payments collected against preregistration policies - Outpatient bills entered against preregistration policies - Outpatient payments collected against preregistration policies - Provides total count for each activity.
Summary	Prints a one-page report showing only the totals. No patient-specific information is provided.

Preregistration Menu
Outputs for Preregistration
Print Preregistration Audits

This option prints the number of changes to patient demographic and insurance data which were made during the preregistration process for a user-specified date range. The applicable audits in the PATIENT file (#2) must be turned on for this option to work. The MCCR Reengineering Group recommends that you ask your IRM Service to turn on the audits for the following fields:

.05	MARITAL STATUS
.111	STREET ADDRESS [LINE 1]
.112	STREET ADDRESS [LINE 2]
.114	CITY
.115	STATE
.117	COUNTY
.131	PHONE NUMBER [RESIDENCE]
.132	PHONE NUMBER [WORK]
.211	K-NAME OF PRIMARY NOK
.2191	K2-NAME OF SECONDARY NOK
.3111	EMPLOYER NAME
.31115	EMPLOYMENT STATUS
.351	DATE OF DEATH
.361	PRIMARY ELIGIBILITY CODE

The output will include the fields that have been changed, the name of the user(s) who made the changes, and the number of changes made by each user.

Preregistration Menu
Supervisor Preregistration Menu
Add New Appointments to Call List

This option lets you add patients to the Preregistration Call List based on patient appointments for a user-specified search date. The default response to the "Enter Appointment date to search:" prompt is TODAY plus the value of the DAYS TO PULL APPOINTMENT field (#1100.05) in the MAS PARAMETERS file (#43). (Use the MAS Parameter Entry/Edit option to set the value of this field.)

Preregistration Menu
Supervisor Preregistration Menu
Clear the Call List

This option deletes all entries in the PRE-REGISTRATION CALL LIST file (#41.42) regardless of the call status. There are no prompts associated with this option. Once the option is selected, the number of entries deleted will be displayed.

Preregistration Menu
Supervisor Preregistration Menu
Purge Call Log

This option purges all entries prior to a user-specified date from the PRE-REGISTRATION CALL LOG file (#41.43). You are asked to enter a purge date and to verify that you want to purge all entries prior to the date you entered.

Preregistration Menu
Supervisor Preregistration Menu
Purge Contacted Patients

This option purges patients who have already been contacted and who have a call status of CONNECTED from the Preregistration Call List. There are no prompts associated with this option. Once the option is selected, the number of entries purged will be displayed.

Preregistration Menu
Patient Inquiry

This option displays registration information for a selected patient, including any preregistration items. The patient selected does not have to be in the PRE-REGISTRATION CALL LIST file (#41.42) to be selected.

Preregistration Menu
Preregister a Patient

Use this option to perform the following tasks:

- Preregister any selected patient in the PATIENT file (#2) through the use of the Load/Edit process (without using the Preregistration Call List).
- Enter the call status for a selected patient. (If you enter a status of CONNECTED, you can edit patient information via Load/Edit Screens 1 through 5. If you need assistance with editing the information on these screens, please refer to the user documentation for the Load/Edit Patient Data option.)
- Apply a date/time stamp to the selected patient before returning to the Preregistration Call List screen.

When using this option, the primary medical center division will be used as the division. This option is locked with the DGPRE EDIT security key.

(Please note: This option works the same as the CP action on the Preregistration Call List screen in the Display Preregistration Call List option.)

Print Patient Wristband

The Print Patient Wristband option is used to generate a patient wristband with barcoded social security number. The wristband will contain the patient name, primary long ID (usually the social security number), date of birth, religion, and an allergy flag (YES or a blank line for NO). Whether or not wristbands will print for a division and whether or not the ward location will print on the wristband is determined by site parameters.

If you choose to print a wristband, you will be prompted for a device and if you wish to queue your request. Requests must be sent to a bar code printer.

Wristbands may only be printed for inpatients. The print wristband functionality is also available in the Admit a Patient and Transfer a Patient options.

Register a Patient

The Register a Patient option is used to process a patient's application for care, enter/edit information in their file, and perform a variety of registration-related functions. Necessary registration data is gathered and a corresponding entry is automatically made in the Disposition Log. This entry must receive subsequent dispositioning through the Disposition an Application option or the registration should be deleted through the Delete a Registration option. A new patient's record may be established or an existing one edited. Should you wish to enter a new patient into the database or edit an existing patient's record without creating an entry in the Disposition Log, you should use the Load/Edit Patient Data option.

Entry/edit of a patient's record is done via a series of formatted data screens. There are a total of fifteen screens distributed with the PIMS package. Screens 12-14 are informational only. The enter/edit process will not be the same for every patient, nor for every user due to several variables which exist in the system. Your site has the ability to create its own additional screen in order to capture certain information it may need or to capture information in a different format. It has the ability to turn certain data screens ON and OFF according to patient type. Within the screens, it may specify which data groups may be entered/edited. The DG ELIGIBILITY security key also plays a role in your ability to enter/edit data. Depending upon whether eligibility has been verified, certain information may only be edited by a user holding this security key.

The HIGH INTENSITY field in the MAS parameters has been provided to assist you in the identification of those fields which may/may not be edited. If this field has been set to YES at your facility, the number next to those data groups which may be edited will be in boldface type; those which are uneditable will not (excluding Screen 8). For those sites not using High Intensity, numbers of data groups which may be edited will be enclosed in [ ]s, while those which are uneditable will be enclosed in < >s (excluding Screen 8).

The Registration Supplement provides an example of each data screen and a description of each associated field. Please refer to this Supplement when entering or editing patient information, if necessary.

If your site has the Consistency Checker turned ON, the system will perform a check for inconsistent/unspecified data elements at the conclusion of the entry/edit process. If any are found, you will be given the opportunity to make the necessary corrections.

Register a Patient

You may now register a patient without the eligibility code or period of service being entered. These elements will be checked for at disposition.

As previously mentioned, this option also allows you to perform several registration-related functions.

- You may make a HINQ inquiry and emboss a patient data card. With the installation of the Veteran Identification Card (VIC) software, the prompt "Download VIC data?" has been added which allows you to download the selected patient's demographic data to the photo capture station. The existing "EMBOSS DATA CARD?" prompt has been changed to "EMBOSS (OLD) DATA CARD?".

- If Record Tracking is running at your facility, you will be able to create records for new patients and print corresponding barcode labels. If the patient already has records in the Record Tracking system, you will be able to issue a request for these records to the file room. The "Select Admitting Area" prompt must be answered in order to request records.

- The system will determine a patient's need for Means Testing and Copay Testing and, if necessary, allow you to complete the required test. For the Copay Test, the veteran has to request the test be completed. For instructions on Means Test, see the Add a New Means Test or Complete a Required Means Test options. For instructions on Copay Test, see the Add a New Copay Test option.

- At the conclusion of the registration process, you will be prompted to print the following forms, if applicable: 10/10, 1010I, Drug Profile, Routing Slip, and Health Summary.

The system assigns a status to every patient registration. Available statuses are: 10/10 VISIT, UNSCHEDULED, and APPLICATION WITHOUT EXAM. Determination of the status is based upon whether the patient is currently being followed in a clinic for the same condition and if the patient is to be examined in the medical center that day.

All necessary data from a registration is collected for entry into the AMIS 400 series reports. The REGISTRATION ELIGIBILITY CODE and SC% AT REGISTRATION fields have been included to allow sites flexibility in the grouping of their AMIS 400 series reports.

Register a Patient

An UNSCHEDULED (1010) VISIT OE/RR NOTIFICATION may be displayed with v2.5 of Order Entry/Results Reporting. The patient must have been examined. The notification will only be displayed for patients who are defined in an OE/RR LIST entry and will only be displayed to users defined in that list entry. Please refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

Screen 8 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items. The following is a brief explanation of some of the actions listed on this screen.

DD - In order to edit the dependent demographics, the selected dependent has to be active.

DP - Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be mainly used to delete duplicate dependents. In order to delete a dependent, they must be removed from every Means Test.

CD - Used to copy the previous year's income and dependent information. Copy Data can only be used if there is previous year income on file and no income on file for this year.

ED - Expand Dependent will move to another screen. It is used to edit the effective date (date the person became a dependent of the veteran).

MT - Used to enter/edit last year's marital status for the veteran.

AD - This protocol is not selectable from the registration screens.

RE - This protocol is not selectable from the registration screens.

At the beginning of the registration process, "Enrollment/Eligibility Query sent ..." displays on your screen to notify you that the software sent an enrollment query for the selected patient to the patient database at the Health Eligibility Center (HEC). If the enrollment information for the selected patient is not returned by the end of the registration process, you can enroll the patient via the Patient Enrollment option.

Register a Patient

The Veterans Healthcare Eligibility Reform Act of 1996, PL 104-262, prohibits providing care for veterans who are not enrolled after October 1, 1998 (with limited exceptions). The Register a Patient option displays enrollment information and provides the ability to enroll the patient in the VA Patient Enrollment System.

A preliminary priority value is calculated on an initial enrollment application. If the preliminary priority is below the latest EGT setting, a preliminary Enrollment Category of "Not Enrolled" and a preliminary Enrollment Status of "Rejected - Initial Application by VAMC" shall be assigned. If the preliminary priority cannot be calculated or is calculated above the latest EGT setting, a preliminary Enrollment Category of "In Process" and a preliminary Enrollment Status of "Unverified" shall be assigned. At verification, the HEC will recalculate these fields based on a Master Veteran Record containing all nationally available patient data.

A query is automatically sent to the Health Eligibility Center (HEC) when a patient registration is completed through this option. This query will determine if a Means Test or Copay Exemption Test (with Income Screening information) has been completed for the veteran for a specified income year. The HEC will process the query, and if there is a completed Means Test or Copay Exemption Test (with Income Screening information), the HEC will transmit the Primary test and any Hardship determinations to the VAMC that sent the query.

View Registration Data

The View Registration Data option allows you to view the registration information contained in a patient's record. You will not be able to edit a patient's data using this option.

As with the entry/edit of this information, viewing is accomplished in a series of screens. There are fifteen screens distributed with the PIMS package. Your site has the ability to create its own screen in order to collect certain needed data or capture data in a different format. You may turn certain data screens ON and OFF according to patient type. Within the screens, you may specify which data groups should be editable.

You may move from screen to screen either by entering <^#> to specify the screen number you wish to move to, <RET> to move to the next screen, <?> to access its HELP screen, or <^> to quit.

Registration Supplement

The collection of patient registration data is done via a series of formatted data screens. There are fifteen of these screens distributed with the Patient Information Management System (PIMS) package. The first eleven are dedicated to gathering the patient's registration information. This information makes up the patient's "file" in your computer. Screens 12-14 are for information purposes only and the data contained on them is not editable. They provide past admission and application information as well as the patient's clinic enrollments and a listing of future appointments. Each screen also has an associated HELP screen which may be accessed by entering a <?> at the prompt which appears on each screen. Following is a list of the fifteen screens.

Screen #1	PATIENT DEMOGRAPHIC DATA
Screen #2	PATIENT DATA
Screen #3	EMERGENCY CONTACT DATA
Screen #4	APPLICANT/SPOUSE EMPLOYMENT DATA
Screen #5	INSURANCE DATA
Screen #6	MILITARY SERVICE DATA
Screen #7	ELIGIBILITY STATUS DATA
Screen #8	FAMILY DEMOGRAPHIC DATA
Screen #9	INCOME SCREENING DATA
Screen #10	INELIGIBLE/MISSING DATA
Screen #11	ELIGIBILITY VERIFICATION DATA
Screen #12	ADMISSION INFORMATION
Screen #13	APPLICATION INFORMATION
Screen #14	APPOINTMENT INFORMATION
Screen #15	SPONSOR DEMOGRAPHIC INFORMATION

The registration or load/editing process will vary from patient to patient and user to user. This is due to several factors: the patient type, your site parameters, whether certain data has been verified, and whether you hold the DG ELIGIBILITY security key.

For each new patient entered into the system, you will be prompted to enter a patient type. Patient types are distributed with the package. Patient type will determine (in part) which screens are presented during the registration process, as well as which data items on the screens will be available for entry/edit. Screens 1, 2, 4, 5, 7, 12, 13, 14, and 15 will always be presented. The presentation of Screens 3, 6, 8, 9, 10, and 11 will vary as your site has the ability to turn these screens OFF and ON according to patient type. This has been done to allow each site flexibility in the collection of their patient data. For example, a site may not wish to collect military service data for a collateral patient. The Military Service Data Screen would then be turned OFF for that patient type.

Your site is also able to set up an additional registration screen should it wish to capture certain data in a different format. The fields displayed on this screen must already exist in the system (PATIENT file (#2)) so the data prompts associated with such a screen would be familiar to you. This screen, if set up, will always appear at the end of the registration process.

Certain data such as an applicant's name, SSN, date of birth, eligibility, monetary benefits, and service record are subject to verification. The verification must be performed by a holder of the DG ELIGIBILITY security key. Up until the time of verification, any user will be able to enter/edit data pertaining to these categories. After verification, the data may be viewed by all users; however, only those who hold the DG ELIGIBILITY security key will be able to edit this data.

Registration Supplement

Each screen (excluding Screen 8) is set up in numbered data groups. If the number of the data group is displayed in brackets [ ], you will be able to enter/edit its data. If it is displayed in arrows < >, you will not be able to enter/edit. A High Intensity feature has also been supplied. If this feature is turned ON (through the MAS Parameter Entry/Edit option of the ADT System Definition menu), those data groups which you may edit will be highlighted on your screen while those which are uneditable will not be highlighted. The system determines which information is editable by user and patient type.

Screen 8 uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

For the purposes of this Supplement, all non-informational screens and data groups are shown as being "available"; that is, their corresponding numbers are surrounded by brackets [ ]. Keep in mind that this may not be the case when you are actually working on the system.

No defaults are shown in this Supplement. If you are editing the record of an existing patient, previously entered information will appear as a default. You may enter a <RET> to accept the default value.

Beginning below are examples of each Registration Data Screen along with definitions of each of the data groups and associated fields. Information which is subject to verification is so indicated. Fields which are indented are prompted based upon the entry made at the primary prompt (the prompt under which that field is indented). Much of the time, data entered into these fields will be deleted upon changing or deleting the entry at the primary prompt. This is explained for each appropriate data grouping or field.

```
                        PATIENT DEMOGRAPHIC DATA   SCREEN <1>
PATIENT NAME;SSN                                              TYPE
==================================================================
INELIGIBLE/MISSING MESSAGE MAY BE DISPLAYED HERE

[1]    Name:                            SS:            DOB:
[2]   Alias:
[3] Remarks:
[4] Permanent Address:              [5] Temporary Address:


    County:                              County:
     Phone:                               Phone:
     Office:                           From/To:

<RET> to CONTINUE, 1-5 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Registration Supplement

SCREEN 1, cont.

DATA GROUP 1

Once a patient's eligibility has been verified, the information contained in this data group may not be edited by anyone not holding the DG ELIGIBILITY security key. Up until the time of eligibility verification, any user may enter/edit these fields. After verification, it will be available for viewing to all users; however, only holders of the DG ELIGIBILITY security key will be able to enter/edit the information.

NAME - Enter the applicant's name; last, first, middle initial (3-30 characters).

SOCIAL SECURITY NUMBER - Enter the applicant's social security number as 9 digits. If the SSN is unknown and it is necessary to assign a pseudo SSN, enter a P. The system will compute and insert the appropriate SSN. You may enter a <?> for an explanation of how the pseudo SSN is computed.

DATE OF BIRTH - Enter the applicant's date of birth.

DATA GROUP 2

ALIAS - Alternate name (if any) the applicant uses (2-30 characters). An entry in this field will be automatically cross-referenced and the applicant may be called up using this alias. This is a multiple field; you will be returned to this prompt repeatedly until no more entries are made. For each entry, the following will be prompted.

   ALIAS SSN - Alternate social security number applicant uses, if any.

DATA GROUP 3

REMARKS - You may enter a free text comment (3-60 characters) regarding the patient. If a patient has been declared ineligible, a remark to indicate this will automatically be inserted into this field.

DATA GROUP 4

STREET ADDRESS [LINE 1] - Enter applicant's street address (3-35 characters). Up to 3 lines may be entered for the street address.

   STREET ADDRESS [LINE 2]
   STREET ADDRESS [LINE 3]

CITY - Enter applicant's city of residence (2-15 characters).

STATE - Enter applicant's state of residence or state code (must be in STATE file). Enter a <?> for display of STATE file.

ZIP+4 - Enter applicant's residence zip code (5 or 9 digits).

Registration Supplement

SCREEN 1, cont.

DATA GROUP 4, cont.

COUNTY - Enter applicant's county of residence, county zip code, or VA county code. Enter a <?> for a list of VA county codes.

PHONE NUMBER [RESIDENCE] - Enter applicant's residence telephone number.

PHONE NUMBER [WORK] - Enter applicant's business telephone number (4-20 characters).

DATA GROUP 5

This data group allows you to enter a temporary address for the applicant. If a temporary address is already on file and NO is answered at the first prompt, the START DATE and END DATE will automatically be deleted. The address will remain on file but may only be viewed/edited when YES is answered at the first prompt. To delete all temporary address data, answer NO at the first prompt and YES at the following prompt: "Do you want to delete all temporary address data?". To retain all data on file, enter an up-arrow <^> at the primary prompt.

    TEMPORARY ADDRESS ACTIVE? - YES/NO - If YES, the following fields will also be prompted.

    TEMPORARY ADDRESS START DATE - Beginning date at temporary address.

    TEMPORARY ADDRESS END DATE - Ending date applicant will be at temporary address.

```
    TEMPORARY STREET [LINE 1]          |
    TEMPORARY STREET [LINE 2]          |
    TEMPORARY STREET [LINE 3]          |   Enter applicant's temporary address/phone
    TEMPORARY CITY                     |
    TEMPORARY STATE                    |
    TEMPORARY ZIP+4                    |
    TEMPORARY ADDRESS COUNTY           |
    TEMPORARY PHONE NUMBER             |
```

```
                          PATIENT DATA  SCREEN <2>
PATIENT NAME;SSN                                              TYPE
================================================================
[1]     Sex:                           POB:
    Marital:                        Father:
   Religion:                        Mother:
       SCI:                    Mom's Maiden:


[2] Previous Care Date     Location of Previous Care
    ------------------     ------------------------

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Registration Supplement

SCREEN 2, cont.

DATA GROUP 1

SEX - M for MALE (default), F for FEMALE

MARITAL STATUS - Enter the appropriate marital status for the applicant. You may enter a <?> to obtain a list of choices.

RELIGIOUS PREFERENCE - Enter applicant's religion or code. You may enter a <?> to obtain a list of choices.

PLACE OF BIRTH [CITY] - Enter city (or foreign country if born outside U.S.) where applicant was born (2-20 characters).

PLACE OF BIRTH [STATE] - Enter state or state code where applicant was born. You may enter a <?> to select from available list.

FATHER'S NAME - Enter name of applicant's father (3-35 characters).

MOTHER'S NAME - Enter name of applicant's mother (3-35 characters).

MOTHER'S MAIDEN NAME - Enter maiden name (last name prior to marriage) of applicant's mother (3-35 characters).

SPINAL CORD INJURY - Is the applicant a spinal cord injury patient? Enter the appropriate value.
You may enter a <?> to obtain a current list of choices.

DATA GROUP 2

This group is used to enter the past two dates and locations of the applicant's last VA care (aside from the facility to which he/she is applying). When YES is answered at the initial prompt (REC'D VA CARE PREVIOUSLY), the locations/dates are prompted. Deletion of data in these two fields is automatic if NO is subsequently entered at the initial prompt.

REC'D VA CARE PREVIOUSLY - YES/NO - Has applicant received care previously in a VA facility? If YES, the following will be prompted.

   MOST RECENT LOCATION OF CARE - Name or number of VA facility at which patient received most recent episode of care (other than facility to which he/she is applying). Enter a <?> for a list of selectable names/numbers.

   MOST RECENT DATE OF CARE - Date of most recent episode of care in other VA facility.

   2ND MOST RECENT LOCATION - Name or number of VA facility at which patient received 2nd most recent episode of care (other than facility to which he/she is applying). If an entry is made, the following will also be prompted.

Registration Supplement

SCREEN 2, cont.

DATA GROUP 2, cont.

> 2ND MOST RECENT DATE OF CARE - Date of 2nd most recent episode of care in other VA facility.

```
                        EMERGENCY CONTACT DATA   SCREEN <3>
PATIENT NAME;SSN                                               TYPE
========================================================================
[1]      NOK:                         [2] NOK-2:
    Relation:                             Relation:
        Phone:                                Phone:
   Work Phone:                          Work Phone:
[3]  E-Cont.:                          [4] E2-Cont.:
    Relation:                             Relation:
        Phone:                                Phone:
   Work Phone:                          Work Phone:
[5] Designee:                              Relation:
        Phone:                           Work Phone:

<RET> to CONTINUE, 1-5 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

DATA GROUP 1

K-NAME OF PRIMARY NOK - Name of applicant's next-of-kin (3-35 characters). If an entry is made in this field, the following fields will also be prompted. When the entry in this field is deleted, all entries in the following fields are also deleted. Deletion of data in the following fields may not be accomplished unless the entry in this field is first deleted.

> K-RELATIONSHIP TO PATIENT - Relationship of patient's next of kin (1-30 characters)

> K-ADDRESS SAME AS PATIENT'S - YES/NO - If YES, the applicant's information will automatically be inserted in the next-of-kin address fields and automatically updated upon update of the applicant's address. If NO, the following fields will be prompted.

K-STREET ADDRESS [LINE 1]	
K-STREET ADDRESS [LINE 2]	
K-STREET ADDRESS [LINE 3]	Address/telephone number of
K-CITY	applicant's primary next-of-kin
K-STATE	
K-ZIP+4	
K-PHONE NUMBER	
K-WORK PHONE	

DATA GROUP 2

No entry may be made into this data group unless a primary next-of-kin has been entered (Data Group 1).

Registration Supplement

SCREEN 3, cont.

DATA GROUP 2, cont.

K2-NAME OF SECONDARY NOK - Name of applicant's secondary next-of-kin (3-35 characters). If an entry is made in this field, the following fields will also be prompted and data contained in them will automatically be deleted upon deletion of the entry in this field.

    K2-RELATIONSHIP TO PATIENT - Relationship of applicant's secondary next-of-kin (1-30 characters).

    K2-ADDRESS SAME AS PATIENT'S - YES/NO - If YES, the applicant's address information will automatically be inserted in the following fields and updated accordingly as the applicant's address is updated. If NO, the following fields will be prompted.

K2-STREET ADDRESS [LINE 1]	
K2-STREET ADDRESS [LINE 2]	
K3-STREET ADDRESS [LINE 3]	
K2-CITY	Address/phone of applicant's secondary
K2-STATE	next-of-kin
K2-ZIP+4	
K2-PHONE NUMBER	
K-WORK PHONE	

DATA GROUP 3

E-EMER. CONTACT SAME AS NOK - YES/NO - Is the person to contact in the event of emergency the same as the patient's next-of-kin? If YES, the information on file for the applicant's primary next-of-kin will automatically be inserted in the following fields and updated accordingly as the next-of-kin information is updated. If NO, the following fields will also be prompted.

E-NAME	
E-RELATIONSHIP TO PATIENT	
E-STREET ADDRESS [LINE 1]	
E-STREET ADDRESS [LINE 2]	Name/relationship/address/phone number of
E-STREET ADDRESS [LINE 3]	primary individual to contact in event of
E-CITY	emergency
E-STATE	
E-ZIP+4	
E-PHONE NUMBER	
E-WORK PHONE	

DATA GROUP 4

No entry may be made in this data group unless a primary emergency contact has been specified in Data Group 3.

E2-NAME OF SECONDARY CONTACT - Name of secondary individual to contact in the event of an emergency. If an entry is made in this field, the following fields will also be prompted.

Registration Supplement

SCREEN 3, cont.

DATA GROUP 4, cont.

```
    E2-RELATIONSHIP TO PATIENT       |
    E2-STREET ADDRESS [LINE 1]       |
    E2-STREET ADDRESS [LINE 2]       |
    E2-STREET ADDRESS [LINE 3]       |  Name/relationship/address/telephone number of
    E2-CITY                          |  secondary individual to contact in the event of an
    E2-STATE                         |  emergency
    E2-ZIP+4                         |
    E2-PHONE NUMBER                  |
    E2-WORK PHONE                    |
```

DATA GROUP 5

D-DESIGNEE SAME AS NOK - YES/NO - Is the individual designated to receive patient's funds and effects the same as the next-of-kin? If YES, the next-of-kin information will be automatically inserted in the following fields and updated accordingly as the next-of-kin information is updated. If NO, the following fields will be prompted.

```
    D-NAME OF DESIGNEE
        D-RELATIONSHIP TO PATIENT    |
        D-STREET ADDRESS [LINE 1]    |
        D-STREET ADDRESS [LINE 2]    |  Name/relationship/address/telephone number of
        D-STREET ADDRESS [LINE 3]    |  individual designated to receive patient's funds
        D-CITY                       |  and effects
        D-STATE                      |
        D-ZIP+4                      |
        D-PHONE NUMBER               |
        D-WORK PHONE                 |
```

```
                    APPLICANT/SPOUSE EMPLOYMENT DATA   SCREEN <4>
PATIENT NAME;SSN                                                TYPE
==================================================================
[1] Employer:                      [2] Spouse's:

  Occupation:
      Status:

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Registration Supplement

SCREEN 4, cont.

DATA GROUP 1

OCCUPATION - Enter the applicant's occupation (1-30 characters)

EMPLOYMENT STATUS - If an entry other than NOT EMPLOYED, UNKNOWN, or no entry at all is made, the following fields will also be prompted. The data contained in these fields will automatically be deleted if the entry in this field is changed to UNEMPLOYED or no entry. You may enter a <?> to obtain a current list of choices.

EMPLOYER NAME - Name of applicant's employer (1-30 characters). If an entry is made in this field, the following fields will also be prompted. The data contained in these fields will automatically be deleted upon deletion of the entry in this field. If no entry is made in this field, you will return to the screen.

EMPLOYER STREET [LINE 1]	
EMPLOYER STREET [LINE 2]	
EMPLOYER STREET [LINE 3]	
EMPLOYER CITY	Name/address/phone of employer
EMPLOYER STATE	
EMPLOYER ZIP+4	
EMPLOYER PHONE NUMBER	

DATA GROUP 2

This data group will not be editable if the applicant does not have a marital status of MARRIED.

SPOUSE'S OCCUPATION - Enter the spouse's occupation (1-30 characters).

SPOUSE'S EMPLOYMENT STATUS - If an entry other than NOT EMPLOYED, UNKNOWN, or no entry at all is made, the following fields will also be prompted. The data contained in these fields will automatically be deleted if the entry in this field is changed to UNEMPLOYED or no entry. You may enter a <?> to obtain a current list of choices.

SPOUSE'S EMPLOYER NAME - Name of spouse's employer (3-20 characters). If an entry is made in this field, the following fields will also be prompted. The data contained in these fields will automatically be deleted upon deletion of the entry in this field.

SPOUSE'S EMP STREET [LINE 1]	
SPOUSE'S EMP STREET [LINE 2]	
SPOUSE'S EMP STREET [LINE 3]	
SPOUSE'S EMP CITY	Address/telephone number of spouse's employer
SPOUSE'S EMP STATE	
SPOUSE'S EMP ZIP+4	
SPOUSE'S EMP PHONE NUMBER	

Registration Supplement

```
                         INSURANCE DATA   SCREEN <5>
PATIENT NAME; SSN                                            TYPE
========================================================================
[1] Covered by Health Insurance:

    Insurance Co.    Subscriber ID   Group   Holder   Effective  Expires
    ===================================================================

[2]  Eligible for MEDICAID:

[3]  Medicaid Number:


<RET> to CONTINUE, 1-3 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

DATA GROUP 1

COVERED BY HEALTH INSURANCE - YES/NO/UNKNOWN - If YES, the following fields may also be prompted; otherwise, you will return to the screen.

Entry of insurance policy information for the patient uses the Integrated Billing package software.

Each insurance policy entry for a patient must be associated with an insurance plan offered by the selected insurance company. You will be given a choice of selecting previously entered group plans or you may enter a new one. If you enter a new insurance plan, you must enter whether or not it is a group or individual plan.

   Select INSURANCE COMPANY - Enter the name of the applicant's health insurance company. The insurance company must be active in your site's INSURANCE COMPANY file. You may enter a <?> for a current list of choices. This is a multiple field; you will be returned to this field repeatedly until no more insurance companies are entered. (A patient may be covered by more than one health insurance policy). For each insurance company entered, the system will stuff the insurance company's address from your INSURANCE COMPANY file (#36). The following fields may also be prompted, where appropriate, for each entry.

      BENEFITS ASSIGNABLE - YES/NO - Enter YES if this policy will allow assignment of benefits.

      EFFECTIVE DATE OF POLICY - Effective date of insurance policy.

      EXCLUDE PRE-EXISTING CONDITION - YES/NO - Enter YES if the policy excludes any pre-existing conditions.

      GROUP PLAN NUMBER - Number which identifies this group policy (2-17 characters).

      GROUP PLAN NAME - Name the insurance company uses to identify the group plan (2-20 characters).

      INDIVIDUAL PLAN NUMBER - Number which identifies this policy (2-17 characters).

Registration Supplement

SCREEN 5, cont.

DATA GROUP 1, cont.

> INDIVIDUAL PLAN NAME - Name the insurance company uses to identify the plan (2-20 characters).

> INSURANCE EXPIRATION DATE - Date health insurance policy expires (leave blank if policy does not expire on a specific date).

> INSURANCE TYPE - You may delete the selected insurance company for this patient at this prompt by entering an at-sign (@).

> INSURED' S DOB:- Enter the date of birth of the person who holds the policy. Leave blank if the veteran is the patient and holds the policy.

> IS PRE-CERTIFICATION REQUIRED? - YES/NO - Enter YES if this policy requires pre-certification of all non-emergent admissions.

> IS UTILIZATION REVIEW REQUIRED? - YES/NO - Enter YES if utilization review is required by the insurance company for this policy.

> SOURCE OF INFORMATION - Enter the last source of this insurance information. You may enter <??> at this prompt for a detailed explanation and current choices.

> SUBSCRIBER ID - Enter the unique identification number assigned by the company (3-20 characters). You may enter <??> at this prompt for a detailed explanation of what number may be required here.

> TYPE OF PLAN - Enter the type of insurance that best describes this policy. You may enter a <?> to obtain a current list of choices.

> WHOSE INSURANCE - Individual who holds insurance policy. An entry of SPOUSE will not be accepted if marital status of applicant is other than MARRIED. You may enter a <?> to obtain a current list of choices.

>> NAME OF INSURED - Name of individual who holds insurance policy (3-30 characters). This prompt will not appear if VETERAN is entered at the "Whose Insurance" prompt. The system will automatically enter the veteran's name.

>> PT. RELATIONSHIP TO INSURED - Relationship of the patient to person holding insurance policy. This prompt will not appear if VETERAN is entered at the "Whose Insurance" prompt. The system will automatically enter 01 PATIENT. You may enter a <?> to obtain a current list of choices.

DATA GROUP 2

ELIGIBLE FOR MEDICAID - YES/NO - Is the patient eligible for Medicaid coverage?

Registration Supplement

SCREEN 5, cont.

DATA GROUP 3

MEDICAID NUMBER - Enter the patient's assigned Medicaid number, 30 characters.

```
                      MILITARY SERVICE DATA  SCREEN <6>
PATIENT NAME; SSN                                           TYPE
===============================================================
[1] Service Branch   Service #   Entered   Separated   Discharge
    ---------------   ---------   -------   ---------   ---------

[2]       POW:        From:            To:          War:
[3]    Combat:        From:            To:        Where:
[4]   Vietnam:        From:            To:
[5]  A/O Exp.:         Reg:          Exam:          A/O#:
[6]  ION Rad.:         Reg:        Method:
[7]   Lebanon:        From:            To:
[8]   Grenada:        From:            To:
[9]    Panama:        From:            To:
[10] Gulf War:        From:            To:
[11]   Somalia:       From:            To:
[12] Env Contam:       Reg:          Exam:
[13]   Mil Dis:
[14] Dent Inj:                               Teeth Extracted:
[15} Yugoslavia:      From:            To:

<RET> to CONTINUE, 1-15 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Entry/edit of data contained in the various data groups of this screen will be restricted to holders of the DG ELIGIBILITY security key once the applicant's eligibility has been verified. Prior to eligibility verification, any user may enter/edit data on this screen. After verification, the data may be viewed by all users but only edited by holders of the DG ELIGIBILITY security key.

DATA GROUP 1

SERVICE BRANCH [LAST] - Name, number or abbreviation of applicant's most recent branch of service. Enter a <?> for a list from which to select. If no entry is made in this field, you will return to the screen. If an entry is made, the following will also be prompted.

   SERVICE NUMBER [LAST] - Applicant's most recent service number (1-15 characters).
   If same as social security number, enter SS.

   SERVICE ENTRY DATE [LAST] - Entry date for most recent episode of service.

Registration Supplement

SCREEN 6, cont.

DATA GROUP 1, cont.

SERVICE SEPARATION DATE [LAST] - Separation date for most recent episode of service.

SERVICE DISCHARGE TYPE [LAST] - Discharge Type for most recent episode of service. You may enter a <?> to obtain a current list of choices.

SERVICE SECOND EPISODE - YES/NO - Did the applicant have another period of service? If NO, you will return to the screen. If YES, the following fields will also be prompted.

SERVICE BRANCH [NTL] | Applicant's next to last period of service
SERVICE NUMBER [NTL] | information
SERVICE ENTRY DATE [NTL] |
SERVICE SEPARATION DATE [NTL] |
SERVICE DISCHARGE TYPE [NTL] |

SERVICE THIRD EPISODE - YES/NO - Did the applicant have a third period of service? If YES, the following fields will also be prompted.

SERVICE BRANCH [NNTL] | Applicant's second to last period of
SERVICE NUMBER [NNTL] | service information
SERVICE ENTRY DATE [NNTL] |
SERVICE SEPARATION DATE [NNTL] |
SERVICE DISCHARGE TYPE [NNTL] |

DATA GROUP 2

POW STATUS INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted.

POW CONFINEMENT LOCATION - War in which applicant was a POW.
POW FROM DATE - Beginning date applicant was a POW.
POW TO DATE - Ending date applicant was a POW.

DATA GROUP 3

COMBAT SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted.

COMBAT SERVICE LOCATION - War in which applicant saw combat.
COMBAT FROM DATE - Beginning date applicant was in combat.
COMBAT TO DATE - Ending date applicant was in combat.

Registration Supplement

DATA GROUP 4

VIETNAM SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. If there are entries in Data Group 5, Agent Orange Exposure, these will also be deleted upon entry of NO into this field since an applicant must have had service in Vietnam in order to claim Agent Orange exposure. Entries in the following fields must be between 1955 and 1980.

   VIETNAM FROM DATE - Beginning date of service in Vietnam.

   VIETNAM TO DATE - Ending date of service in Vietnam.

DATA GROUP 5

AGENT ORANGE EXPOS. INDICATED - YES/NO/UNKNOWN - In order to make an entry in this field, the applicant must be recorded as having service in Vietnam. If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, the entries in the following fields will automatically be deleted. Also, if the entry in the field VIETNAM SERVICE INDICATED is changed to NO, any entries which exist in these fields will be deleted, since an applicant must have had service in Vietnam in order to claim AO exposure.

   AGENT ORANGE REGISTRATION DATE - Date applicant registered as having been exposed to Agent Orange.

   AGENT ORANGE EXAM DATE - Date applicant was examined for Agent Orange exposure.

   AGENT ORANGE REGISTRATION # - Agent Orange Registration # assigned to applicant.

DATA GROUP 6

RADIATION EXPOSURE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted.

   RADIATION EXPOSURE METHOD   N for NAGASAKI/HIROSHIMA
                                 T for NUCLEAR TESTING
                                 B for BOTH

   RADIATION REGISTRATION DATE - Date applicant registered as having been exposed to radiation.

Registration Supplement

SCREEN 6, cont.

DATA GROUP 7

LEBANON SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be between 8/23/82 and 2/26/84.

>   LEBANON FROM DATE - Beginning date of service in Lebanon.

>   LEBANON TO DATE - Ending date of service in Lebanon.

DATA GROUP 8

GRENADA SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be between 10/23/83 and 11/21/83.

>   GRENADA FROM DATE - Beginning date of service in Grenada.

>   GRENADA TO DATE - Ending date of service in Grenada.

DATA GROUP 9

PANAMA SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be between 12/20/89 and 1/31/90.

>   PANAMA FROM DATE - Beginning date of service in Panama.

>   PANAMA TO DATE - Ending date of service in Panama.

DATA GROUP 10

PERSIAN GULF SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be after 8/2/90.

>   PERSIAN GULF FROM DATE - Beginning date of service in Persian Gulf.

>   PERSIAN GULF TO DATE - Ending date of service in Persian Gulf.

Registration Supplement

DATA GROUP 11

SOMALIA SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted.

SOMALIA FROM DATE - Beginning date of service in Somalia.

SOMALIA TO DATE - Ending date of service in Somalia.

DATA GROUP 12

This data group will only be editable if the PERSIAN GULF SERVICE INDICATED or SOMALIA SERVICE INDICATED prompts are answered YES. The data entered will automatically be deleted if NO is entered in both of these fields.

ENVIRONMENTAL CONTAMINANTS?: - YES/NO/UNKNOWN - Does this patient claim exposure to environmental contaminants? If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted.

ENVIR. CONT. REGISTRATION DATE: - Date on which this patient was registered as being exposed to environmental contaminants.

ENVIR. CONT. EXAM DATE: - Date this patient was examined for environmental contaminants condition.

DATA GROUP 13

DISABILITY RET. FROM MILITARY? Is the veteran receiving disability retirement from the military? You may enter a <?> to obtain a current list of choices.

DATA GROUP 14

SERVICE DENTAL INJURY - YES/NO - Did the applicant have a dental injury while in service?

SERVICE TEETH EXTRACTED - YES/NO - Did the applicant have teeth extracted while in service?

Registration Supplement

SCREEN 6, cont.

DATA GROUP 14, cont.

Select DATE OF DENTAL TREATMENT - If either of the above fields in this data group were answered YES, this and the following two fields will be prompted. At this field, the date of the applicant's dental treatment should be entered. If it is a date which has not been entered in the past for the applicant, you will be prompted for confirmation that you are entering a new date of dental treatment. This is a multiple field. You will be returned to this prompt repeatedly until no more dates are entered. For each date entered, the following two fields will be prompted before returning you to this prompt.

CONDITION - Dental condition treated.

DATE CONDITION FIRST NOTICED - Date the dental condition was first noticed.

DATA GROUP 15

YUGOSLAVIA SERVICE INDICATED - YES/NO/UNKNOWN - If YES, the following will be prompted and entries cannot be deleted as long as this field remains YES. If this field is changed to NO, entries in the following fields will automatically be deleted. Entries in the following fields must be after 3/23/99.

YUGOSLAVIA FROM DATE - Beginning date of service in Yugoslavia.

YUGOSLAVIA TO DATE - Ending date of service in Yugoslavia.

Registration Supplement

```
                    ELIGIBILITY STATUS DATA  SCREEN <7>
PATIENT NAME; SSN                                              TYPE
===============================================================
[1]        Patient Type:                     Veteran:
          Svc Connected:                   SC Percent:
          Rated Incomp.:
          Claim Number:
            Folder Loc.:
[2]    Aid & Attendance:                     Housebound:
            VA Pension:                   VA Disability:
     Total Check Amount:
           GI Insurance:                         Amount:
[3]   Primary Elig Code:
     Other Elig Code(s):
       Period of Service:

[4] Service Connected Conditions as stated by applicant
    ---------------------------------------------------

<RET> to CONTINUE, 1-4 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

Entry/edit of data contained in the various data groups of this screen will be restricted to holders of the DG ELIGIBILITY security key once the applicant's eligibility has been verified. (The PERIOD OF SERVICE field of Data Group 3 may not be edited by a user not holding the DG ELIGIBILITY security key if either the applicant's eligibility or service record (or both) have been verified.) Prior to eligibility verification, any user may enter/edit data on this screen. After verification, the data may be viewed by all users but only edited by holders of the DG ELIGIBILITY security key.

DATA GROUP 1

TYPE - This field will always contain a default; that entry which was made initially upon entering the patient into the data base or when the MAS V. 4.0 conversion was run which automatically assigned a patient type to each existing patient. You may change the patient's type at this prompt. Any changes may alter the availability of certain screens and/or editing of certain data depending upon site parameters. Enter a <?> for a list of patient types from which to select.

VETERAN (Y/N) - This field will always contain a default; that entry which was made when the patient was initially entered into the data base. You may change the patient's veteran status at this prompt. Such a change may alter the availability of certain screens and/or editing of certain data depending upon site parameters.

SERVICE CONNECTED - YES/NO - Does the patient have any conditions for which he has received a service-connected rating from the Dept. of Veterans Affairs? If YES, the following will also be prompted. The data contained in the following field will automatically be deleted if this field is changed to NO.

Registration Supplement

SCREEN 7, cont.

DATA GROUP 1, cont.

SERVICE CONNECTED PERCENTAGE - Applicant's total combined sc percentage.

P&T - YES/NO - Is the patient rated permanently and totally disabled by the VA due to a service-connected condition?

UNEMPLOYABLE - YES/NO - Is the patient rated unemployable by the VA due to a service-connected condition?

SC AWARD DATE: - Date on which service connection is effective based on VBA decision. Can be obtained from either HINQ or the award letter.

RATED INCOMPETENT?: - YES/NO - Used by AMIE. If YES, the following will also be prompted. The data contained in the following fields will automatically be deleted if this field is changed to NO.

DATE RULED INCOMPETENT (CIVIL) - Enter the date the patient was ruled incompetent to handle his funds by civil authorities.

DATE RULED INCOMPETENT (VA) - Enter the date the patient was ruled incompetent to handle his funds by the VA.

CLAIM NUMBER - Applicant's claim number, if any. If same as social security number, you may enter SS.

CLAIM FOLDER LOCATION - Location of applicant's claim folder (institution name or station number).

DATA GROUP 2

Depending upon site parameters set forth in the Patient Type Update option, Supervisor ADT menu, the system may require the applicant to be a veteran in order to make entries into these fields.

RECEIVING A&A BENEFITS - YES/NO/UNKNOWN - Is applicant in receipt of Aid and Attendance?

RECEIVING HOUSEBOUND BENEFITS - YES/NO/UNKNOWN - Is applicant in receipt of Housebound benefits?

RECEIVING A VA PENSION - YES/NO/UNKNOWN - Is applicant in receipt of a VA pension?

RECEIVING VA DISABILITY - YES/NO/UNKNOWN - Is applicant in receipt of VA disability monies?

Registration Supplement

SCREEN 7, cont.

DATA GROUP 2, cont.

TOTAL ANNUAL VA CHECK AMOUNT: - If this applicant is receiving A&A, Housebound, Pension, and/or disability payments from the VA (at least one of the questions relating to the above must be answered YES), enter the annual amount received. Once monetary benefits are verified, only users who hold the designated security key may enter/edit this field. This field may not be deleted as long as receipt of VA funds is indicated and will automatically be deleted if all of the above are changed to NO. If you wish to enter a monthly amount either precede or follow it with an asterisk (*) and it will be multiplied out by the system.

GI INSURANCE POLICY - YES/NO/UNKNOWN - Does applicant have GI Insurance? If YES, the following field will be prompted. The data entered will automatically be deleted if NO is later entered in this field.

    AMOUNT OF GI INSURANCE - Dollar/cents amount of GI Insurance (between 0-9999999).

DATA GROUP 3

PRIMARY ELIGIBILITY CODE - Eligibility code based on the applicant's veteran/non-veteran status. System only allows entry of eligibility codes compatible with previously entered data. A <?> may be entered for a list of selectable eligibility codes for the patient being entered. An entry in this field is required in order to process a patient's application for care. If an entry of "Allied Veteran" or "Other Federal Agency" is made, the following will be prompted.

    AGENCY/ALLIED COUNTRY - Name of federal agency or allied country under whose auspices applicant is applying for care. Enter a <?> for a list of choices.

Select ELIGIBILITY - This entry will always contain a default, the entry made at the PRIMARY ELIGIBILITY field. Enter any other eligibility code(s) under which applicant is entitled to care. Entry must be compatible with previously entered data. You may enter a <?> for a list from which to select.

    ELIGIBILITY - This entry will always contain a default, the entry at the Select ELIGIBILITY field. Edit the eligibility code here, if necessary.

PERIOD OF SERVICE - Applicant's period of service eligibility code must be answered in order to respond to this prompt. Response must be compatible with eligibility code. Enter a <?> for a list of applicable periods of service from which to choose. Only holders of the DG ELIGIBILITY security key may edit this field. Once eligibility verification has been completed, you will be unable to edit this field if the applicant's service record has been verified.

Registration Supplement

SCREEN 7, cont.

DATA GROUP 4

Select SERVICE CONNECTED CONDITIONS - Enter the conditions for which the applicant claims service connection.

    SERVICE CONNECTED CONDITIONS - This entry will always contain a default, the entry at the Select SERVICE CONNECTED CONDITIONS field. Edit the eligibility code here, if necessary.

    PERCENTAGE: - Enter percent of service connection.

```
Dependents Module            Date/Time                    Page:    1 of    1
                     FAMILY DEMOGRAPHIC DATA, SCREEN <8>
Patient Name; (SSN)
   MT  Patient/Dependent      Relationship                 Active
  1     Patient Name          SELF                            *
                Married Last Year:


          Enter ?? for more actions
DA Spouse/Dependent Add                   MT Marital/Dependent Info
ES Spouse Demographic                     AD Add to Means/Copay Test
DD Dependent Demographic                  RE Remove from Means/Copay Test
DP Delete Dependent                       CD Copy Data
                                          ED Expand Dependent
Select Action: Quit//
```

An asterisk in the "Active" column indicates the individual is an active dependent.

DA Spouse/Dependent Add - Allows the user to add a new dependent (spouse or other).

Do you want to add (S)pouse or (D)ependent: - If spouse selected, the following fields will be prompted.

SPOUSE'S NAME	Demographic information for the veteran's spouse
SPOUSE'S SEX	
SPOUSE'S DATE OF BIRTH	
SPOUSE'S SSN	
EFFECTIVE DATE	Date this individual became a dependent of the veteran. For spouse, date of marriage.

Registration Supplement

SCREEN 8, cont.

If Dependent selected, the following fields will be prompted.

CHILD'S NAME	Demographic information for each
CHILD'S SEX	of the veteran's dependents.
CHILD'S DATE OF BIRTH	
CHILD'S SSN	
RELATIONSHIP	
EFFECTIVE DATE	For a child, date of birth or adoption.

ES Spouse Demographic - Allows the user to edit demographic data related to the spouse.

NAME
SEX
DATE OF BIRTH
SOCIAL SECURITY NUMBER
EFFECTIVE DATE: (date - date)
Date {dependent name} no longer a dependent: (date - date)

DD Dependent Demographic - Allows the user to edit demographic data related to dependents. There must be an existing dependent on file (other than the spouse) to select this protocol. The selected dependent has to be active.

NAME
SEX
DATE OF BIRTH
SOCIAL SECURITY NUMBER
RELATIONSHIP
EFFECTIVE DATE: (date - date)

DP Delete Dependent - Allows the user to delete a dependent (mainly duplicate dependents). You must hold the DG DEPDELETE security key to use this protocol. In order to delete a dependent, they must be removed from every Means Test (using the RE protocol). There are no prompts associated with this protocol.

MT Marital/Dependent Info - Allows the user to enter/edit last year's marital status.

MARRIED LAST CALENDAR YEAR (Y/N)

AD Add to Means/Copay Test
RE Remove from Means/Copay Test
These protocols are not selectable from the registration screens.

Registration Supplement

SCREEN 8, cont.

CD Copy Data - Allows the user to copy the previous year income and dependent information. The information can only be copied if there is previous year income on file and no income on file for this year. There are no prompts associated with this protocol.

ED Expand Dependent - This protocol will move to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran).

Select EFFECTIVE DATE - Select the effective date you wish to edit.

EFFECTIVE DATE: {date}// - Enter correct date.

ACTIVE - If this change in status makes the dependent effective, enter 1 or YES for active. If the change makes the individual no longer dependent, enter 0 or NO.

```
                       INCOME SCREENING DATA   SCREEN <9>
PATIENT NAME; SSN                                           TYPE
================================================================
                        Income data for {year}
                             Veteran                        Total
                        ----------------------------------------
[1]   Social Security (Not SSI)     -                         -
[2]   U.S. Civil Service            -                         -
[3]   U.S. Railroad Retirement      -                         -
[4]   Military Retirement           -                         -
[5]   Unemployment Compensation     -                         -
[6]   Other Retirement              -                         -
[7]   Total Employment Income       -                         -
[8]   Interest,Dividend,Annuity     -                         -
[9]   Workers Comp or Black Lung    -                         -
[10] All Other Income               -                         -
                                      Total 1-10 -->       $0.00

{YEAR} Estimated "Household" Taxable Income: $

<RET> to CONTINUE, 1-10 or ALL to EDIT, ^N for screen N, or '^' to QUIT
(To edit only veteran income, precede selection with 'V' [ex. 'V1-3']):
```

Entries may be made in the fields contained on this screen up until monetary benefits are verified. Once monetary benefits have been verified, a user must hold the DG ELIGIBILITY security key in order to enter/edit these fields. This screen may appear with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/dependents) depending on previously entered information. The appropriate fields will be prompted for each column shown.

Registration Supplement

SCREEN 9, cont.

The "{YEAR} Estimated "Household" Taxable Income: $" field will be filled in if the information has been entered through the 10-10T form. This information is used to make preliminary or prima facie financial eligibility determinations.

DATA GROUP 1

SOCIAL SECURITY (NOT SSI) - Annual amount of social security received during the previous calendar year. Do not include SSI.

DATA GROUP 2

U.S. CIVIL SERVICE - Annual amount of U.S. Civil Service received during the previous calendar year.

DATA GROUP 3

U.S. RAILROAD RETIREMENT - Annual amount of U.S. Railroad Retirement received during the previous calendar year.

DATA GROUP 4

MILITARY RETIREMENT - Annual amount of military retirement received during the previous calendar year.

DATA GROUP 5

UNEMPLOYMENT COMPENSATION - Annual amount of unemployment compensation received during the previous calendar year.

DATA GROUP 6

OTHER RETIREMENT - Annual amount of other retirement received during the previous calendar year. Includes company, state, local, etc.

DATA GROUP 7

TOTAL INCOME FROM EMPLOYMENT - Total annual amount of income from employment received during the previous calendar year. This includes wages, salary, earnings, and tips.

DATA GROUP 8

INTEREST, DIVIDEND, ANNUITY - Annual amount of interest, dividend, or annuity income received during the previous calendar year.

DATA GROUP 9

WORKERS COMP. OR BLACK LUNG - Annual amount of worker's compensation or Black Lung benefits received during the previous calendar year.

Registration Supplement

SCREEN 9, cont.

DATA GROUP 10

ALL OTHER INCOME - Annual amount of all other income received during the previous calendar year. Net income from operation of a farm or other business is countable. If the veteran, veteran's spouse, or children receive a salary from the business, it should be reported in Data Group 7 - TOTAL INCOME FROM EMPLOYMENT. Also, note that depreciation is not a deductible expense.

```
                      INELIGIBLE/MISSING DATA   SCREEN <10>
PATIENT NAME; SSN                                                    TYPE
================================================================
[1]  Ineligible Date:                    TWX Source:
          TWX City:                       TWX State:
             Reason:
      VARO Decision:
[2]   Missing Date:                       TWX Source:
          TWX City:                        TWX State:
             Reason:

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

DATA GROUP 1

You must hold the DG ELIGIBILITY security key in order to enter/edit any of the fields in this data group.

INELIGIBLE DATE - Effective date applicant was ineligible for care. If an entry is made in this field, the following fields will also be prompted. The data contained in the following fields will automatically be deleted upon deleting the entry in this one.

   INELIGIBLE TWX SOURCE - Source of ineligible TWX. You may enter a <?> to obtain a current list of choices.

   INELIGIBLE TWX CITY - City from which ineligible TWX came (3-30 characters).

   INELIGIBLE TWX STATE - State or state code from which ineligible TWX came. Must be in STATE file. You may enter a <?> for a list.

   INELIGIBLE REASON - Reason for applicant's ineligibility.

   INELIGIBLE VARO DECISION - VA Regional Office decision concerning applicant's ineligibility for care (3-75 characters).

Registration Supplement

SCREEN 10, cont.

DATA GROUP 2

Entry/edit of the fields on this screen may be accomplished by any user up until the applicant's eligibility has been verified. Following verification of the applicant's eligibility, you must hold the DG ELIGIBILITY security key in order to enter/edit these fields. Viewing of the information will be possible by all users.

MISSING PERSON DATE - Date individual was declared "missing". If an entry is made in this field, the following fields will also be prompted. Data contained in the following fields is automatically deleted if the entry in this field is deleted.

    MP TWX SOURCE - Source of TWX declaring individual "missing". You may enter a <?> to obtain a current list of choices.

    MP TWX CITY - City from which "missing" TWX came (3-30 characters).

    MP TWX STATE - State or state code from which "missing" TWX came. Must be in STATE file. Enter a <?> for a list.

    MISSING OR INELIGIBLE - Free text comment concerning ineligible/missing individual.

```
                    ELIGIBILITY VERIFICATION DATA   SCREEN <11>
PATIENT NAME; SSN                                              TYPE
================================================================
[1] Eligibility Status:                      Status Date:
      Status Entered By:
        Interim Response:
           Verif. Method:
[2]      Money Verified:
[3]    Service Verified:
[4] Rated Disabilities:

<RET> to CONTINUE, 1-4 or ALL to EDIT, ^N for screen N, or '^' to QUIT:
```

The purpose of this screen is to allow verification of an applicant's eligibility, monetary benefits and service record. Accordingly, you must hold the DG ELIGIBILITY security key in order to enter/edit any of the fields contained on it. Depending upon site parameters, this screen may be available for viewing to all users.

DATA GROUP 1

ELIG. STATUS - Status of patient's eligibility. You may enter a <?> to obtain a current list of choices.

Registration Supplement

SCREEN 11, cont.

DATA GROUP 1, cont.

ELIG. STATUS DATE - Effective date of eligibility status.

ELIG. INTERIM RESPONSE - If an interim response has been received concerning applicant's eligibility, enter date of receipt.

ELIG. VERIF. METHOD - Enter method in which applicant's eligibility was verified. This is a free text field (2-50 characters).

DATA GROUP 2

MONETARY BEN. VERIFY DATE - An entry in this field indicates that the applicant's monetary benefits have been verified. Enter the date monetary benefits were verified.

DATA GROUP 3

SERVICE VERIFICATION DATE - An entry in this field indicates the applicant's service record has been verified. Enter the date the service record was verified.

DATA GROUP 4

Select RATED DISABILITIES (VA) - Enter the condition(s) or corresponding VA code(s) for which the applicant has been verified as being service connected. This is a multiple field which will repeat until no more entries are made. For each entry made, the following fields will also be prompted. If the patient is non-service connected, you may still make entries into this field to record any disabilities the patient may have which have been rated by the VA.

The screen display for this entry will reflect the disability followed by the SC/NSC percentage, whichever is appropriate.

DISABILITY % - Enter the rating percentage for this disability. An entry of YES will not be allowed for applicants with a patient type of NON-SERVICE-CONNECTED.

SERVICE CONNECTED - Choose from: O NO
                                    1 YES

Registration Supplement

```
                      ADMISSION INFORMATION  SCREEN <12>
PATIENT NAME; SSN                                              TYPE
================================================================
<1>  Admission Date:                      Admit Ward:
     Admit Diagnosis:
      Discharge Date:
      Discharge Type:

<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:
```

This screen displays the patient's four most recent admissions in reverse order. For each admission, the following data will be shown:
      Admission Date
      Admission Diagnosis
      Discharge Date
      Discharge Type
      Admission Ward

If the applicant has no admission data - he/she either has never been admitted or previous admissions occurred prior to use of the **V***IST***A** software - the following message will be displayed:

"NO ADMISSION DATA ON FILE FOR THIS PATIENT!!"

```
                      APPLICATION INFORMATION  SCREEN <13>
PATIENT NAME; SSN                                              TYPE
================================================================
<1>    Registered:
        Applied for:
     Dispositioned:
     Type of Disp.:

<RET> to CONTINUE, ^N for Screen N, or '^' to QUIT:
```

This screen displays the applicant's four most recent applications for care in reverse order. For each application, the following data will be shown:

- date/time of registration; employee who registered the applicant; employee's DUZ number (unique number which identifies a user to the system)
- type of benefit applied for
- date/time of disposition; employee who dispositioned the applicant and their DUZ number
- type of disposition

If the applicant has no application data - he/she either has never applied for care or previous applications occurred prior to use of the **V***IST***A** software - the following message will be displayed:

"NO APPLICATION DATA ON FILE FOR THIS PATIENT!"

Registration Supplement

```
                    APPOINTMENT INFORMATION   SCREEN <14>
PATIENT NAME; SSN                                              TYPE
=================================================================
<1> Enrollment Clinics:

<2>     Pending Appts:

<RET> to CONTINUE, ^N for screen N, or '^' to QUIT:
```

This screen displays each clinic in which the patient is actively enrolled and the clinic name and date/time of all pending appointments.

If the applicant is not actively enrolled in any clinics or has no pending appointments, one of the following messages will be displayed next to the appropriate data group:

"NOT ACTIVELY ENROLLED IN ANY CLINICS AT THIS TIME"

"NO PENDING APPOINTMENTS ON FILE"

```
                 SPONSOR DEMOGRAPHIC INFORMATION   SCREEN <15>
PATIENT NAME; SSN                                              TYPE
=================================================================
[1]    Sponsor Information:


    Primary Care Team:                 Phone #:

<RET> to QUIT, 1 or ALL to EDIT, ^N for Screen N, or '^' to QUIT:
```

This screen displays sponsor information. It will appear for every patient although the purpose of the screen is to enter sponsorship information for those patients who are being treated under the coverage of someone else (the sponsor). This would usually be through the Tricare Program or CHAMPVA Program. These patients are usually dependents of active duty military personnel, survivors of military personnel, or military retirees.

If a sponsor is already in the PATIENT file (#2), you may not edit the sponsor name and date of birth. For new sponsors, you will be prompted to first add the person as a sponsor and then as the sponsor of the patient. For existing sponsors, you will only be asked if you wish to make that person the sponsor of the patient.

The primary care team and phone# data elements are not entered through this screen. If available, this information is automatically filled in from the Primary Care Management Module of the Scheduling software. This is the name and phone number of the patient' s primary care provider.

Registration Supplement

SCREEN 15, cont.

If sponsor or team information is not found, the following messages will be displayed:

"No Sponsor Information Available."

"No team assignment information found"

DATA GROUP 1

Select SPONSOR - Enter the name of the person who has the coverage under which the patient will be treated. This is a multiple field; you will be returned to this field repeatedly until no more sponsors are entered. (A patient may have more than one sponsor; e.g., both parents are military retirees.) The first two indented fields will only be prompted for if the sponsor is a non-patient (not in the PATIENT file (#2)).

      SPONSOR PERSON DATE OF BIRTH - Enter the sponsor's date of birth.

      SPONSOR PERSON SOCIAL SECURITY NUMBER - Enter the sponsor's SSN.

      MILITARY STATUS - Choose A (Active Duty) **or** R (Retired).

      BRANCH - Enter the branch of service for the sponsor. You may enter a <?> for a current list of choices.

      RANK - Enter the military rank of the sponsor (3-20 characters).

FAMILY PREFIX - The patient's relationship to the sponsor. This is a free text field; however, it is recommended you use the DOD convention for sponsor relationship codes. You may enter <??> for HELP which contains a list of choices.

SPONSOR TYPE - Choose T (TRICARE) **or** C (CHAMPVA).

EFFECTIVE DATE - Effective date of sponsorship.

EXPIRATION DATE - Expiration date of sponsorship.